EVALUATION REPORT

Source: UNICEF/Tom Sampson

Real-time evaluation of gender integration in the UNICEF COVID-19 response in South Asia

Final report

Regional Office for South Asia

September 2021

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Title	Real-time evaluation of gender integration in the UNICEF COVID-19 response in South Asia
Country	ROSA
Timeline of the evaluation	March 2020-September 2021
Year of the report	2021
Independent Evaluators	Dr. Sonal Zaveri (Team Leader) Lilia Ormonbekova, Gender and Evaluation Consultant (up to April 2021)
Evaluation management, coordination and technical support (UNICEF ROSA)	Rose Thompson Coon, Evaluation Specialist Esther Kaggwa, PhD. Regional Adviser for Evaluation Maha Muna, Regional Adviser for Gender Samriti Maharjan, Junior Consultant
Name of Commissioning Organization	UNICEF Regional Office for South Asia

COVID gender real-time evaluation 2020-2021

Final report

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For further information, please contact:

Esther Kaggwa,

Regional Advisor of Evaluation, Regional Office for South Asia

ekaggwa@unicef.org

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KEY DEFINITIONS

Accountability: Accountability for this evaluation referred to accountability structures in terms of corporate responsibility, human resource availability (including capacities related to gender programming), technical support from the RO Gender Unit and decision-making processes (RiGoR, RMT and EMT) and budget utilization.

Core commitments of children (CCCs): Grounded in global humanitarian norms and standards, the CCCs set organizational, programmatic and operational commitments and benchmarks against which UNICEF holds itself accountable for the coverage, quality and equity of its humanitarian action and advocacy.

Engendered: Development that is gender based.

EMT: Emergency Management Team.

Feminism: Feminism is about all genders having equal rights and opportunities. It is about respecting diverse women's experiences, identities, knowledge and strengths and striving to empower all women to realize their full rights. It is about levelling the playing field between genders and ensuring that diverse women and girls have the same opportunities in life available to boys and men.[1]

Gender: A social and cultural construct, which distinguishes differences in the attributes of men and women, girls and boys and accordingly refers to the roles and responsibilities of men and women. Gender-based roles and other attributes, therefore, change over time and vary with different cultural contexts. The concept of gender includes the expectations held about the characteristics, aptitudes and likely behaviours of both women and men (femininity and masculinity). This concept is useful in analysing how commonly shared practices legitimize discrepancies between sexes.[2]

Gender Action Plan: The UNICEF Gender Action Plan (GAP) serves to reinforce the commitments made to gender found in the organization's periodic strategic plans. The first GAP covered the five-year period from 2014 to 2017 and the second GAP will cover 2018 to 2021. The document specifies how UNICEF intends to promote gender equality across all of the organization's work at global, regional and country levels, in alignment with the UNICEF Strategic Plan. The 2018-2021 GAP also serves as UNICEF's roadmap for supporting the achievement of gender equality goals as outlined in Agenda 2030 and the Sustainable Development Goals (SDGs) during the period.[3] The UNICEF GAP 2022-2025 (under development during this evaluation) in particular addresses gender transformative strategies.

Gender-based violence: An umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially-ascribed (gender) differences between females and males. The nature and extent of specific types of GBV vary across cultures, countries and regions. Examples include sexual violence (including sexual exploitation/abuse and forced prostitution), domestic violence, trafficking, forced/early marriage, harmful traditional practices such as female genital mutilation, honour killings and widow inheritance.[4]

Gender blind: The failure to recognize that the roles and responsibilities of men/boys and women/girls are given to them in specific social, cultural, economic and political contexts and

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1 https://iwda.org.au/learn/what-is-feminism/
2 Gender Equality Glossary of Terms and Concepts, UNICEF, 2017.
3 Gender Equality Glossary of Terms and Concepts, UNICEF, 2017.
4 Gender Equality Glossary of Terms and Concepts, UNICEF, 2017.

backgrounds. Projects, programmes, policies and attitudes which are gender blind do not take into account these different roles and diverse needs, maintain status quo, and will not help transform the unequal structure of gender relations.

Gender responsive: Gender-responsive programming refers to programmes where gender norms, roles and inequalities have been considered and measures have been taken to actively address them. Such programmes go beyond increasing sensitivity and awareness and actually do something to narrow or remove gender inequalities.[5]

Gender sensitive: Gender-sensitive programming refers to programmes where gender norms, roles and inequalities have been considered and awareness of these issues have been raised, although appropriate actions may not necessarily have been taken.[6]

Gender transformative: Gender transformation actively examines, questions and changes rigid gender norms and imbalances of power that advantage boys and men over girls and women. It aspires to tackle the root causes of gender inequality and reshape unequal power relations; it moves beyond individual self-improvement amongst girls and women towards redressing the power dynamics and structures that serve to reinforce gendered inequalities.[7] Indicators can assess the extent to which an intervention is gender transformative.[8]

GRES: Gender results effectiveness scale.

Gender priorities: Five priorities for the COVID-19 Response in the South Asian region (SAR): i) care for caregivers; ii) prepare for increases in GBV in the COVID-19 outbreak; iii) maintain core health, nutrition and education services and systems; iv) engage women's and youth rights' networks to support connectivity and vital information flow; and v) ensure gender data are available, analysed and actionable.

InSight: InSight is UNICEF's flagship performance management system providing timely and accurate information across the organization via a single point of entry to facilitate, managing for results.

Inter-sectional: Inter-sectional feminism centres the voices of those experiencing overlapping, concurrent forms of oppression in order to understand the depths of the inequalities and the relationships amongst them in any given context.[9]

Menstrual hygiene management (MHM): Programming that helps girls and women manage their monthly periods safely and with dignity, focusing on the fact that menstruation is a normal biological process and an important facet of reproductive health; improving girls' and women's access to knowledge about menstruation and to appropriate and hygienic sanitary facilities and materials in schools and homes. Some practitioners are calling for MHM to be a separate SDG and considered a human right.[10]

RAM: The result assessment module (RAM) is UNICEF's programme performance management and reporting platform within InSight. RAM is the primary source of organizational performance data and facilitates planning, tracking and reporting of results of UNICEF offices at all levels.

RiGoR: Regional gender reference group.

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5 Gender Responsive Communication for Development, UNICEF.
6 Gender Responsive Communication for Development, UNICEF.
7 Technical note on gender transformative approaches in the global programme to end child marriage phase II: A summary for practitioners.
8 https://www.unicef-irc.org/publications/1307-being-intentional-about-gender-transformative-strategies-reflections-and-lessons-for-unicefs-gender-and-policy-action-plan.html *See pages 15-18.*
9 https://www.unwomen.org/en/news/stories/2020/6/explainer-intersectional-feminism-what-it-means-and-why-it-matters
10 Gender Equality Glossary of Terms and Concepts, UNICEF, 2017.

RMT: Regional management team.

Sex-disaggregated data: Data that is cross-classified by sex, presenting information separately for men and women, boys and girls. When data is not disaggregated by sex, it is more difficult to identify real and potential inequalities. Sex-disaggregated data is necessary for an effective gender analysis.[11]

Upstream engagement: UNICEF activities which were intended to have or have had a system-wide, sustainable effect on the national capacities of public sector duty bearers for fulfilling children's rights, directly or indirectly.[12]

U-Report: A social messaging tool created by UNICEF that allows anyone from anywhere in the world to respond to polls, voice social concerns and work as positive agents of change. U-Report's real-time information reaches tens of thousands of people, a large portion of whom are adolescent girls.[13]

UNICEF ROSA Regional Headline Results: UNICEF's regional offices have identified specific goals and targets to work towards specific 'headline' results. These results are internal measurements for critical development areas in the region. UNICEF Regional Office for South Asia's (ROSA) headline results are: 1) save newborns, 2) stop stunting, 3) educate all girls and boys, 4) end child marriage, 5) stop open defecation and 6) end polio.

Vulnerability: This is defined as the characteristics and circumstances of individual children, households or communities that make them particularly susceptible to the damaging effects of a shock or stress (adapted by UNICEF).[14]

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11 Gender Equality Glossary of Terms and Concepts, UNICEF, 2017.
12 Retrieved from: https://www.unicef.org/evaluation/reports#/detail/116/unicefs-upstream-work-in-basic-education-and-gender-equality-2003-2012-synthesis-report
13 Gender Equality Glossary of Terms and Concepts, UNICEF, 2017.
14 Guidance on Risk Informed Programming, UNICEF, 2018, https://www.unicef.org/media/57621/file

ACRONYMS

AOR	Area of responsibility
CFT	Child and family tracker
CO	Country Office
COAR	Country Offices annual reports
CWD	Children with disabilities
C4D	Communication for Development
DAC	Development Assistance Committee
ECM	Early child marriage
FGD	Focus group discussions
GAP	Gender Action Plan
GBV	Gender-based violence
GBViE	Gender-based violence in emergency
GiHA	Gender in Humanitarian Action
HAC	Humanitarian Action for Children
HPM	Humanitarian programme monitoring
IP	Implementing partner
IPV	Intimate partner violence
KEQ	Key evaluation questions
KII	Key informant interview
MHM	Menstrual hygiene management
PHC	Primary health care
RAM	Result Assessment Module
RIGOR	Regional High Level Gender Reference Group
ROSA	Regional Office for South Asia
RTA	Real-time assessment
RTE	Real-time evaluation
SAR	South Asian Region
SitRep	Situation Reports
SitAn	Situational analysis
SPRP	Strategic Planning for Response Plan
TOC	Theory of change
TOR	Terms of reference
VAWC	Violence against women and children
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
UN Women	United Nations Entity for Gender Equality and Empowerment of Women

MAP OF SOUTH ASIA

Map of South Asia

Jammu and Kashmir

Kabul

Afghanistan

Islamabad

Pakistan

Nepal

New Delhi

Butan

Kathmandu

Thimphu

Bangladesh

Dhaka

India

Male

Maldives

Colombo

Sri Lanka

N
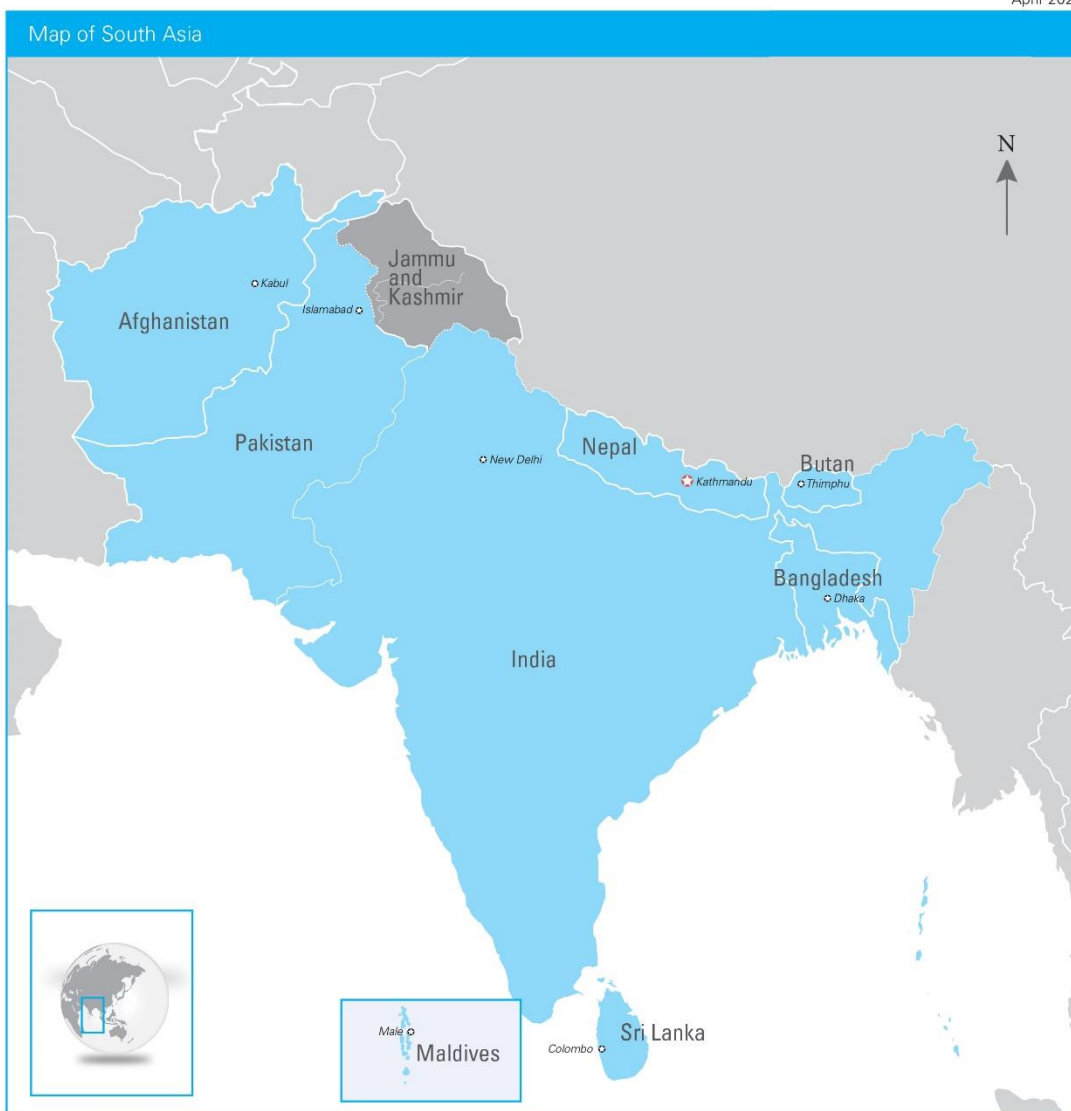
Where UNICEF works in South Asia

1. Afghanistan
2. Bangladesh
3. Bhutan
4. India
5. Maldives
6. Nepal
7. Pakistan
8. Sri Lanka

⭐ Country Office

⭐ Regional Office: Kathmandu, Nepal

This map does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties.

Contact:

Mr. George Laryea-Adjei
Regional Director
glaryeaadjei@unicef.org

Ms. Eliane Luthi
Regional Chief of Communication
eluthi@unicef.org

Mail address:
UNICEF Regional Office for South Asia
P.O. Box 5815
Lekhnath Marg, Kathmandu, Nepal

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KEY FACTS: SOUTH ASIA

Criteria	South Asia	World wide	Source
Population	1.856 billion	39.49% of Asia's population	UNICEF[15]
Population under 18 years	616 million	26% of children worldwide	UNICEF[16]
Population between 10 and 18 years	348 million	28% of adolescents worldwide	UNICEF[17]
No. of girls	294.5 million	49.585 %[18]	UNICEF and World Bank
Life expectancy for girls	71.1 years	75.45 years	World Bank[19]
Child marriage	30%	20%	UNICEF[20]
Adolescent birth rate (15 to 19 years)	23.447 % (births per 1,000 girls)	41.578%	World Bank[21]
Female youth literacy	87% Girls, 91% Boys	90 % Girls, 93% Boys	UNICEF[22]
Share of women who suffered intimate partner physical and/or sexual violence	38%	Second highest region in the world	World Economic Forum[23]
Global Gender Gap (GGG) Index (8 regions and for 153 countries)	0.661 (region) Bangladesh 50/153 Nepal 101/153 India 112/153 Maldives 123/153 Bhutan 131/153 Pakistan 151/153	Second lowest among 8 regions in the world. The ranking places Bangladesh as the top ranked in the region Pakistan is the third-worst country in the world for gender inequality.[24]	World Economic Forum

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15 UNICEF ROSA Annual Report, 2019.
16 UNICEF ROSA Annual Report, 2019.
17 UNICEF ROSA Annual Report, 2019.
18 Data.worldbank.org
19 Data.worldbank.org, 2019.
20 UNICEF Global Database, 2019.
21 Data.worldbank.org
22 UNESCO Institute for Statistics (UIS), September 2019.
23 Global gender gap report, 2020.
24 Global gender gap report, 2020.

EXECUTIVE SUMMARY

This is a final report summarizing the findings from the operational review, gender integration and gender effectiveness reports.

IMPACT OF COVID-19 ON GENDER INEQUALITIES IN SOUTH ASIA AND UNICEF'S COVID-19 RESPONSE

The COVID-19 outbreak has been particularly devastating for countries in South Asia (Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka) with high poverty rates, inadequate health systems and low levels of preparedness. The humanitarian situation remained dire in South Asia with the continued surges of COVID-19 cases in the region in 2021.

From the start of the pandemic, UNICEF Regional Office for South Asia (ROSA) and country offices in the region adapted global actions to the South Asia context and developed a framework for response[25] namely, 'taking into account the specific needs of women, girls, men and boys makes humanitarian response more effective and accountable to all affected population'.[26] Gender equality efforts by UNICEF in South Asia are underpinned by the GAP 2018-2021, which is aligned with the Strategic Plan 2018-2021, UNICEF's Policy on Gender Equality and the Empowerment of Girls and Women (2021) and Sustainable Development Goal 5 ('Achieve gender equality and empower all women and girls'). Based on evidence gathered from previous global health emergencies and from the incoming COVID-19 monitoring data, ROSA determined early on, that the impact of the COVID-19 pandemic would not be gender neutral. It was therefore imperative that the policy and programmatic responses to the pandemic were designed at a minimum to be gender sensitive and ideally to be gender transformative. ROSA and COs explicitly aim for gender transformative (also known as feminist)[27] programming in the region. This refers to tackling the root causes of gender inequality and moving beyond self-improvement among girls and women to address power dynamics and structures that reinforce gender inequalities.[28]

RATIONALE, OBJECTIVES AND SCOPE OF THE EVALUATION

This evaluation focuses on assessing the effectiveness of integrating gender with reference to those above-mentioned policy and programmatic responses. The overall **rationale** for the evaluation was to document and strengthen the gender integration of the response, generate *evaluation* evidence and learning on integrating gender in a humanitarian response and guide future investments both in gender in emergencies and in gender mainstreaming at the nexus of development programming.

In this context, the four objectives of the evaluation were:

a) to establish the **operational preparedness** of integrating gender and measuring gender effectiveness of the COVID-19 response in SAR by reviewing the enablers, normative (various guidances provided by HQ and RO) and accountability[29] frameworks set up at the onset of the response period;

b) to assess the extent to which **gender has been integrated** in the response measures;

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25 Gender and COVID-19 – Considerations for South Asia Response, April 2020.

26 Interim Guidance. Gender Alert for COVID-19 Outbreak. IASC Reference Group for Gender in Humanitarian Action. March 2020.

27 In accordance with the RTE Concept Note (p.4), "feminist" means "emphasizing participatory, empowering, and social justice agendas"

28 Definition from UNICEF Gender Continuum Diagnostic Tool.

29 Accountability for this evaluation referred to accountability structures in terms of corporate responsibility, human resource availability (including capacities related to gender programming), technical support from RO Gender unit and decision-making processes (RiGoR, RMT and EMT) and budget utilization. It did not address the efficacy of institutional leadership, systems of incentives and rewards.

c) to evaluate the gender effectiveness of the response measures by **using the gender scale/diagnostic tool** against organizational/regional priority actions, for further improving UNICEF and host government's policy and programmatic responses; and

d) to document lessons, good practices and successful initiatives and **partnerships** for improving UNICEF and host governments' gender integration and outcomes.

The evaluation period covers March 2020 to August 2021, with the evaluation team contracted from September 2020 to November 2021. The geographic scope covered all the eight South Asian countries (Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka) including the regional office-led programming. The scope was limited to a gender analysis of the COVID-19 response-related normative frameworks, data and programming. Thematically it covered a sample of interventions from the five gender priority areas of the UNICEF COVID-19 response. These were i) care for caregivers; ii) prepare for increases in GBV in the COVID-19 outbreak; iii) maintain core health, nutrition and education services and systems; iv) engage women's and youth rights networks to support connectivity and vital information flow; and v) ensure gender data are available, analysed and actionable. Some enquiry elements have a region-wide scope and some enquiry areas were limited to a sampling approach at the country level, including the assessment areas focusing on gender integration in protracted, layered crisis (e.g., Afghanistan and Cox Bazaar in Bangladesh).

The evaluation was set up without knowing exactly how the pandemic would evolve and how UNICEF's response would emerge, but by design it focused on: a) timeliness and quick turnaround of emergent findings, and b) learning for gendered adaptive management in a complex, dynamic pandemic using a developmental evaluation approach. The evaluation was designed to be flexible, provide close to real-time feedback to the needs of the RO and COs in a continuous development loop to nurture learning about gender responsiveness and transformation during the pandemic. In such circumstances, measurement is not possible against a pre-determined theory of change (ToC) or results framework (nor were they available for COVID-19 programming). For benchmarking and measurement, the UNICEF's Gender Continuum Diagnostic Tool (also called GRES (Gender Results Effectiveness Scale))[30] was used to provide user friendly, learning oriented forms of feedback on the UNICEF gender programming performance.

The duty bearers in this evaluation refer to UNICEF ROSA and COs, government counterparts and UNICEF's implementing partners at appropriate levels across South Asia. It does not address the duty bearers at the village and district level as the evaluation analysis synthesizes data at a regional level. The rights holders are the affected populations due to COVID-19, particularly vulnerable groups of women, girls as well as men and boys. Rights holders were not included as informants for several reasons: the context was regional and representation would be anecdotal considering the resources available and also lockdown restrictions inhibited meeting communities (rights holders) face-to-face.

APPROACH AND METHODOLOGY

The evaluation is a real-time evaluation (RTE). The evaluation approach was **hybrid**: developmental, learning and user-focused and while carried out by an external independent consultant, was conducted in a participatory manner with the close engagement of the UNICEF gender programmatic and M&E staff. The evaluation approach included a **unique integration** of the feminist[31] approach and criteria (empowerment, reflective, social justice, participatory and inclusive) with the OECD/DAC

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[30] https://www.unicef.org/evaluation/media/1226/file/UNICEF%20Guidance%20on%20Gender%20(Full%20version).pdf P. 9; https://www.unicef.org/rosa/sites/unicef.org.rosa/files/2018-12/Gender%20Toolkit%20Integrating%20Gender%20in%20Programming%20for%20Every%20Child%20UNICEF%20South%20Asia%202018.pdf p. 81 . *Also see last page of the Executive Summary for a GRES diagram*.

[31] In accordance with the RTE Concept Note (p. 4), 'feminist' means 'emphasizing participatory, empowering, and social justice agendas'. Feminist approaches are always inter-sectional and include analysis of gender, caste, sex, race, class, sexuality, religion, disability, physical appearance and other vulnerabilities.

criteria (effectiveness, relevance, coherence and connectedness and sustainability). The OECD/DAC criteria was useful to frame the evaluation scope excluding efficiency and impact.

The evaluation methodology adopted a mixed-methods approach and blended qualitative analysis for gender and equity of SitReps, response plans, documents, interviews with quantitative analysis of RAM and survey data. Data collection tools included perception feedback surveys, semi-structured interviews, iterative/interactive peer reviews of findings and self-assessment tools (such as polls). The desk review included COVID-19 surveys and studies around the COVID-19 response. Using the 'fly on the wall' tool, attendance (virtual) at workshops and meetings provided a deeper analytic understanding of the gender dimension across programmes and strategies. Case studies were learning-focused and deep-dives, collaboratively with COs, into selected programmatic interventions using GRES (gender negative, gender blind, gender sensitive, gender responsive and gender transformative) to generate lessons and the way forward using relevant feminist frameworks to address power and structural inequities.

A total of 127 respondents (30 male and 96 females) participated in the RTE-perception survey ((41), KII (41) and FGD (45 participants in nine FGDs)). The evaluation team participated in 12 fly on the wall meetings (RMT (one), Gender network (six), RiGoR (two) and dissemination (three)). The four case studies were analysed using the Gender Continuum Diagnostic Tool and feminist analytical frameworks for forward-looking programming such as the Change Matrix, Rowlands Empowerment Framework and the Feminist Theory of Change. The evaluation team consisted of two gender and evaluation experts.[32]

Due to COVID-19, the evaluation process used virtual modes of communication, digital tools for engagement and included no field missions. No stakeholders, right-holders or team members were exposed to health risks.

Four reports were generated: i) Inception Report (October 2020), ii) Operational Review (November 2020), iii) Gender Integration and Gender Effectiveness Review (June 2021) and iv) this Final Report (September 2021) which consolidates the findings, conclusions, lessons and recommendations from the first three reports. For a more detailed description of the findings and analysis, please refer to the specific reports, which are available from UNICEF ROSA.

KEY FINDINGS AND CONCLUSIONS

Operational Review (OR)

The Operational Review Report was set out to assess the UNICEF SAR operational preparedness for an engendered response in terms of normative and accountability measures established, gender in response plans and data disaggregation in socio-economic impact surveys.

Normative frameworks including 20+ headquarters' guidance documents shared by ROSA in the early stages of the pandemic (March to October 2020) were swift, timely and relevant to the immediate and urgent gender needs and guided UNICEF's gender responses in SAR. Gender analysis was not a priority: COVID-19 guidances (humanitarian programme monitoring (HPM)) stated reporting on gender itself was 'optional' and other documents indicated that obtaining disaggregated data was a challenge. Most of the response plans describing programmes, policy and advocacy initiatives were generic in response to COVID-19. Gender analysis such as disaggregation by groups of rights holders, analysis of needs of children with disabilities, women subject to gender-based violence, female-headed households, special needs of boys, and most economically vulnerable, etc., were largely unavailable, making it difficult to explicitly target these groups and make the programming gender and equity relevant. Even where sex- and age- disaggregation was available, there were limited inter-sectional indicators (e.g., disability, ethnicity, caste and class), making it less effective to address

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32 Team leader, Sonal Zaveri was available throughout the RTE (September 2020 to September 2021); team member Lilia Ormonbekova left in April 2021.

gender-based vulnerabilities. Most gender-related **indicators used in data collection and reporting** were either gender blind, gender-wide (including children and women in one category) or sometimes gender sensitive and responsive but not gender transformative.

The **accountability structures** to mainstream gender could be strengthened: human resources in SAR to mainstream gender are limited by the number, cadre (international/national specialist, focal point), the scope of work at COs and conceptual clarity of gender transformative processes. Gender-related staffing included only four international gender specialists among a total of twelve gender staff across all countries in South Asia. The biggest country, India, has no senior national level gender specialist. In terms of decision-making (while in theory, everyone is responsible for gender processes) COs' level variations included vertical reporting to Deputy Representative or gender specialists working directly with thematic sections. Corporate responsibility was sought to be enhanced during COVID-19 by instituting RiGoR especially for gender in addition to RMT and EMT. RO gender technical support was very lean but highly rated. COs played a major role in reviewing multiple, overlapping guidances and selecting the most relevant for gender, often using those from other UN agencies. **Management support** was found adequate and critical for a deeper gendered response at COs. COVID-19 gender expenditure was 11 per cent in 2020 (target being 15 per cent); ranked second among the UNICEF programming regions.

Overall, the above analysis indicates that although the normative frameworks and accountability structures were adequate for the pandemic, the gender and equity dimensions were less operationalizable for the different population groups, especially with relatively sparse analysis of gender, equity, disability and other vulnerabilities.

Response plans were analysed based on the guiding document titled 'List of gender indicators related to COVID-19 monitoring', issued by UNICEF HQ in June 2020. Response plans had **limited gender analysis** (such as for sex disaggregation and disability) and did not explicitly target the most vulnerable and marginalized. The evaluation also found that there were challenges in planning for response measures that could lead to more transformational change on gendered norms, roles and responsibilities which is understandable given the fast changing and evolving context.

With reference to the socioeconomic data on the impact of COVID-19 in countries where it was collected, it was timely, but often lacking disaggregation by sex, age and disability. Therefore, it could not, adequately inform programming for the gender transformative response.

The real-time approach enabled an **analysis** of the use of OR recommendations and subsequent change in operations related to gender programming in 2021 as well. The analysis suggested improvement in the operationalization of the normative framework, as well as programming becoming more sensitive to addressing gender. COs over time became skilled at adapting normative frameworks and guidances, although COVID-19 reporting was complicated with the overlap and multiplicity of indicators required. In sum, UNICEF did swiftly recognize and understand that the response needed to be far more gender responsive and transformative.

Gender Integration

The overarching question for gender integration was to 'assess the extent to which gender was integrated into the response measures during COVID-19'. More specifically this was to be explored in terms of the integration of the five gender priority areas of the UNICEF COVID-19 response: extent of special focus on adolescent girls; extent to which the RO and COs were able to actively support existing networks of women and youth and social and community platforms to be inclusive so that women and girls could meaningfully participate; and the extent to which CO were able to actively dialogue with host governments on gender equality issues and plan joint responses.

One entry point to assess gender integration was through the result assessment module (RAM).[33] RAM data from some countries is not disaggregated regarding numbers of women, girls and boys targeted. In terms of gender priority areas, RAM data indicated that the least reported gender priority by countries was care for caregivers which could suggest that the needs of the caregivers (primarily women) were not addressed in the beginning of the response. The findings are supported with the perception data collected from UNICEF gender focal points and specialists at the inception phase of the RTE,[34] as well as six months later.

RAM data indicated that gender-based violence had been addressed as part of the COVID-19 programming in all countries, a finding supported by other data sets as well (e.g., perception polls, online survey, KIIs, document review). The RAM indicators for the COVID-19 gender priority area 'continuity of health services' were available in all countries but were mostly gender blind or gender-wide (including children and women in one category), with the exception of maternal health data (gender targeted). For the gender priority action area, education (learning), all countries reported RAM sex-disaggregated data such as number of adolescent girls benefiting from specific COVID-19 interventions. Community-based education was provided in all the countries targeting girls indicating a good level of integration in the COVID-19 response.

UNICEF has clearly increased its engagement with women and youth group networks in the region on various gender priority areas. Seven out of eight countries have reported the relevant RAM data, with six countries providing sex disaggregated data.

For the gender response in COVID-19, UNICEF had a programme strategy to integrate **women and girls' networks and other community platforms** specifically supported by COs and the RO, to reach the community to provide services and communicate information about COVID-19 and other issues. However, implementing partners had different levels of gender and equity understanding and expertise to implement programmes **to challenge gender structural inequities** even before the pandemic**.** This means that gender-related transformative practices (and not just gender targeted) need to be in place before the pandemic/emergency to ensure sustainability for future gender responsiveness. By strengthening implementing partners and community platforms, there is potential for gender-transformative programming. Overall, a lack of consistency and completeness of RAM reporting on gender-related data was a barrier to assess whether relevant gender concerns were integrated across all the COVID-19 priority areas.

There is a clear programmatic focus on **adolescent girls** with network field building and targeted U surveys. Relevance of interventions for gender and social-norm change was clear for adolescent girl programming but less so for boys and adult influencers, such as religious leaders, community leaders, elders and parents in families. The Adolescent Girl Vulnerability Index has captured large data gaps exclusively for girls for the age groups of 10 to 14 and 15 to 19 across health, education and other areas.

UNICEF has actively advocated for gender priorities to **host governments**, during the COVID-19 response. UNICEF, by itself or with partners, actively promotes and contributes to gendered dialogue with the host governments for issue-based campaigns, policy recommendations, sharing gender-related data and promoting its use. This was appreciated by government representatives. The UNICEF response was adaptive during the COVID-19 response and gender integration was mostly an extension or with added components of previous work. Upstream work with the government in theory is well connected with the added value of UNICEF's gender programming. However, UNICEF has no monitoring mechanisms to track whether advocacy with the government resulted in gender-transformative responses, policies or actions.

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[33] RAM data was analyzed against the guiding document titled 'List of gender indicators related to COVID-19 monitoring'.
34 A real-time poll collected responses from 10 UNICEF personnel representing eight ROSA COs at a Gender Network meeting in October 2020.

The gender integration was more gender targeted/sensitive rather than gender responsive or gender transformative.

Gender Effectiveness

The overarching questions were 'how effective was the gender integration? And to what extent were programmes gender transformative?'

Assessing whether gender integration has been effective or led to gender transformative outcomes could not be conclusively answered as monitoring data collected at UNICEF (RAM) remains at activity and output level, not outcome (i.e., change-related). There are challenges in uniform tracking and use of gendered inter-sectional data as well as internal operational systems to synergize planning, implementation and evaluation of gender outcomes across all sectors. Further, the outcome statements even in regular non-emergency reporting (such as COARs) did not reflect explicit or implicit gender-related change.

It was also not possible to determine qualitatively what was gender transformative (or targeted or responsive) as definitions varied in reporting, as well as in conceptual understanding at COs, with governments and implementing partners (*see Operational Review in Findings*).

Gender transformative change is contextual, long-term and (along with clear articulation of gender concepts) requires longer programme durations, gender expertise at the field level, gendered theories of change and outcomes tracking. UNICEF has captured **descriptive** evidence of inequities such as the digital divide, vulnerabilities of girls and boys leading to dropping out of school, increased child marriage and gender-based violence. However, promoting gender responsive and transformative change requires outcome level data that addresses structural inequities and evidence to indicate change. UNICEF programming responses are mostly gender-sensitive, sometimes gender-responsive but not gender transformative. Findings from the in-depth **case studies from Afghanistan, India and Nepal**,[35] support this conclusion and were particularly useful to address the **varying conceptual understanding of the gender scale** and what constitutes gender transformation**.**

As mentioned, gender programming with host governments, was perceived positively overall. To note, UNICEF has the greatest influence regarding programming related to gender and social norms because of its excellent branding 'for every child'. With reference to gender transformative processes and especially with adults, other UN agencies are perceived to have more expertise.

Gender-tagged expenditure as identified by the HAC 2021 has increased since 2020, which is a good sign. HAC 2021 planning has integrated GBV programming into all COs as well as Regional South Asia HAC planning and budgeting. Data does not inform if greater gender budgeting improved gender results but it has led to increased gender inclusion across programmes.

Overall, the evaluation findings indicate that the **enablers** for **gender effectiveness** are in place in SAR such as strengthened gender guidance, capacity building and analysis of gendered results during the COVID-19 pandemic, although there is an opportunity to improve availability of inter-sectional data from needs analysis, to survey design, roll out, dissemination of data and use. All evaluations at UNICEF should incorporate a stronger gender analysis and utilize the gender continuum scale to enhance gender-responsive and gender-transformative programming, both in a regular and an emergency context.

Partnerships and Good Practices

The overarching question was with reference to 'the good practices, successful initiatives, and partnerships related to delivering gender transformative results as a result of UNICEF RO and CO initiatives with governments and partners'. There have been a number of successful initiatives (*see the Gender Integration section in Findings for more details*) that include increased engagement with

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[35] *See Case studies using feminist frameworks for the way forward in Attachments 1, 2 and 3 in the main report*.

women's and youth networks and community platforms, girl-intentional programmes in child protection, WASH and education, GBViE learning series, advocacy campaigns and evidence gathering with host governments to highlight a few.

Good practices included an analysis of the gender-specific responses of COVID-19 programming in compounded-layered crises; the extent of RO and CO contributions to the functioning and consolidation of inter-agency cooperative responses and the extent to which HQ and RO gender capacity building was useful to strengthen gender-related action.

UNICEF's gendered programming was found relevant in the compounded, layered crises in Afghanistan and Cox's Bazaar throughout the assessed response period, even though gender gains were small and fluctuating. Considering the patriarchal and traditional gender inequalities present in the region, these incremental changes are important. The gender programming frameworks (including capacity and resources) initiated *before* the pandemic enabled *adaptation* during the COVID-19 pandemic. Community engagement (with partners) was critical for the continuation of gendered responses. Humanitarian interventions are dominated by civil society partnerships and UNICEF has a clear advantage in programming because of its partnerships at community level. UNICEF's strategy to work with implementing partners and government at the grassroots level enables contextualization and adaptation to cultural factors, which are critical for gender transformation. Overall, the partnerships were found **relevant, coherent and connected** with other UN agencies, government and implementing partners.

Overall, at both regional and country levels, there is good inter-agency collaboration for gendered responses either in joint programming or as member of the GIHA Working Group. However, other UN agencies such as UNFPA and UN Women perceive themselves (and are perceived by South Asian governments) to have more gender-related expertise in gender transformative change, especially with respect to adult GBV. It would be desirable for UN agencies to work together using their respective comparative advantages to work more collaboratively with host governments for a unified gender response regarding sustainable development and hybrid humanitarian responses.

In terms of HQ and RO gender guidance and capacity building, the evaluation team can confidently state (based on its long-term engagement with the 'evaluand'), that there is evidence of strengthened capacity to mainstream and integrate gender into COVID-19 programming. This was noted in various areas related to gender (such as GBV) and planning for transformative responses (*see Section 4 for real-time use of Findings for details*).

RECOMMENDATIONS

The recommendations, synthesized from across several reports, are at a higher level. Specific recommendations related to operational preparedness, gender integration and gender effectiveness, were incorporated into the ongoing programming and are available in the relevant reports. Being a participatory, developmental and feminist evaluation, the recommendations were discussed, co-created and validated with the key stakeholders, such as the UNICEF SAR gender network, M&E Network and ROSA management. The recommendations outlined below are targeted and prioritized to the extent possible at the institutional and programme level to guide ROSA and CO management, gender and evaluation functions for future programming and evaluation (*see Section 5 for conclusions and lessons learned*).

Institutional

Key recommendation **1**: Allocate additional and enhance existing gender resources–human and technical–especially on M&E around gender effectiveness to improve outcomes-focused data availability; develop gender budgeting norms for interventions; enhance duration and scope of interventions for long-term gender change.

> *Stakeholder responsible:* RO to advocate for enhanced gender resources
> *Timeline:* Mid- to long-term

Key recommendation **2**: Leverage UNICEF's unique comparative advantage with communit**y-level and** sector programming and government to integrate and embed gender programming during humanitarian crises/humanitarian-development nexus.

Sub-recommendations:

2a. Localize strategic plans for gendered interventions at the community level through intermediaries, civil society and government, across different sectors with local actors with UNICEF's role as facilitator for planning, implementation, monitoring and decision-making;

2b. Build adaptive capacity in communities for complex and interconnected gender and equity processes in humanitarian crises;

2c. Facilitate a sustainability plan through participatory, inclusive measures that is gender equitable to enhance ownership and decision-making at the local level.

> *Stakeholder responsible:* CO management
> *Timeline:* Immediate to long-term

Key recommendation **3**: Develop an externally-verifiable measurement system for gender-related influence and advocacy efforts with government.

> *Stakeholder responsible:* CO with technical support from the RO
> *Timeline:* Mid- to long-term

Key recommendation **4**: Develop a collaborative and inclusive ToC for gender responsive and transformative programming in emergencies.

> *Stakeholder responsible:* CO management with gender specialists
> *Timeline:* Mid- to long-term

Programme

Key recommendation **5**: Tailor capacity building for conceptual coherence of gender concepts and indicators related to gender-transformative change both internally and for diverse implementing partners and governments; include the 'how to'.

Sub-recommendations: **5a**. Monitor and support the accurate use of the gender scale for UNICEF sector staff, gender focal points, government officials and implementing partners and in the formulation of gender-transformative indicators. A training needs assessment (TNA) is recommended to address the needs of the different stakeholders.

> *Stakeholder responsible:* RO and CO management with the respective gender sections
> *Timeline:* Mid- to long-term

Key recommendation **6**: M&E: Strengthen results-based management of gender-responsive and transformative programming to ensure improved outcome-level tracking and regular feedback loops to programming.

Sub-recommendations:

6a. Improve gender and inter-sectional data gathering, use and reporting; synergize/embed in planning, implementation and evaluation functions;

6b. Increase focus on LNOB: to address the most vulnerable, include data that informs different vulnerabilities that are contextual and strengthen inter-sectoral initiatives and data from them to avoid working in silos;

6c. Ensure that gendered data mandated in the guidances and reporting measures are consistent and complete. This may require CO cross-sectoral teamwork and training the M&E network.

> *Stakeholder Responsible:* RO and CO management, gender network and M&E functions
> *Timeline:* Mid- to long-term

Key recommendation **7**: Enhance the use of feminist frameworks and principles in UNICEF's planning, implementation and internal and external evaluations to be gender responsive and preferably gender transformative.

> *Stakeholder responsible:* RO and CO management and M&E functions
> *Timeline:* Mid- to long-term

Key recommendation **8**: Strengthen and broaden partnerships with communities, networks and movements strategically and programmatically**.**

Sub-recommendations:

8a. Develop a partnership strategy for gender interventions; develop a work plan and monitor the partnership strategy periodically;

8b. Strengthen and inform partnership strategies on gender by (i) benchmarking activities; (ii) conducting gender-capacity assessments; (iii) indexing (size, capacity, reach, scope) partners and (iv) tracking progress.

> *Stakeholder responsible:* RO and CO management
>
> *Timeline:* Immediate

<u>Key recommendation **9**</u>: Continue sharing gender learnings and transformative outcomes with development partners and governments, and strengthen collaboration with other UN agencies for streamlined, strategic planning on gender transformative processes at the country level (such as UNSDF planning).

> *Stakeholder responsible:* RO and CO management
>
> *Timeline:* Continuous

1. COVID-19 AND GENDER INEQUALITIES IN SOUTH ASIA

The burden of COVID-19 in South Asia

The COVID-19 outbreak began in December 2019 in Wuhan, China, and by March 2020 had spread globally. On 30 January 2020, the World Health Organization declared the novel coronavirus a Public Health Emergency of International Concern (PHEIC) which signified the highest level of alarm. The pandemic has brought unprecedented humanitarian, economic, development and health consequences on populations across the globe.

The outbreak has been particularly devastating for countries in South Asia with high poverty rates, inadequate health systems and low levels of preparedness. South Asia witnessed unexpected reverse labour migration: one-third of the world's labour migrants come from the region, with India being the single largest source of such labour in the world.[36] For Afghanistan and Bangladesh, with protracted conflict environment and refugee crisis, respectively, COVID-19 presented an additional burden to the countries' infrastructure and already struggling health systems. Moreover, the Asia-Pacific region is one of the most digitally divided on the planet, with less than 14 per cent of the population connected to affordable and reliable high-speed Internet. During the COVID-19 pandemic, the digital divide has threatened to become the new face of inequality – exacerbating not only income inequality, but also inequality of opportunity.[37]

During the first quarter of 2020, South Asia reported low numbers of confirmed COVID-19 cases, but by May, India had exceeded China in the total number of cases. By mid-June, Pakistan and Bangladesh also reached levels that exceeded that of China. Overall, the pandemic gained momentum in Afghanistan, Nepal, Sri Lanka, Bhutan and the Maldives by mid-March and lockdowns in almost every country of the region curtailed economic and development activity and brought the South Asia region to a near standstill. According to November 2020 WHO data, the total number of deaths in South Asia (excluding India) was 16,597 and 1,089,005 confirmed cases. India alone accounted for a further 132,162 deaths and more than nine million confirmed cases[38].

The humanitarian situation remained dire in South Asia with the continued surges of COVID-19 cases in the region in 2021. Most of the countries in South Asia region have reported overstretched beds occupancy, shortage of health staff and medical supplies/equipment in densely populated regions. Further, health care is often not instantly accessible in remote villages. Repeated lockdown measures impacting families' livelihoods, household food security and diets continue to be felt in the region increasing the vulnerability of young children to malnutrition. The rapid nationwide survey, Child and Family Tracker (CFT) by UNICEF Nepal, found 50 per cent of 2,891 respondents had lost their jobs and almost none received support from the government. With significant income losses, there have been rises in food and nutrition insecurity, mental health cases, gender-based violence and learning discontinuation[39]. From mid-January to late-June 2021, over 12.5 million doses of COVID-19 vaccines were delivered to the region through COVAX Facility.

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36 The Washington Post. *Migration in Reverse.* 1 October 2020. Accessed at
https://www.washingtonpost.com/graphics/2020/world/coronavirus-migration-trends-gulf-states-india/
37 UN ESCAP. Vast Digital Divide Exposed By COVID-19 In Asia And The Pacific. 14 August 2020. Accessed at
https://www.unescap.org/news/vast-digital-divide-exposed-covid-19-asia-and-pacific#
38 Real-Time Assessment of UNICEF South Asia Response to COVID-19, 2021
39 UNICEF ROSA, COVID-19 situation report, 31 May 2021

The pandemic continues to tighten its grip on a vast region that is home to roughly one quarter of the world's population. No country – even the most prosperous – is being spared. Yet the destructive consequences for the lives, hopes and futures of its youngest citizens are already apparent and children's rights to survival, education, nutrition and health are severely impacted.

While the available evidence indicates that children are largely spared from direct mortality impacts of COVID-19, the indirect effects stemming from strained health systems, household income loss, and disruptions to care-seeking and preventative interventions like vaccination may be substantial and widespread.[40] The powerful effects of COVID-19 threatens to roll back the hard-won progress in children's rights in South Asia, prompting UNICEF to exhort duty bearers like the governments to safeguard the rights holders, especially the region's most vulnerable children[41].

The impact of COVID-19 on gender inequalities in South Asia

Available research indicates that the pandemic has deepened existing gender inequalities, which in turn has impacted the gender mainstreaming and integration of the various rights holders in the region. Several examples indicate how rights holders, especially vulnerable women and girls were particularly impacted. Whereas early studies suggested men with COVID-19 were at higher risk for worse health outcomes – particularly higher death rates, measures to control the pandemic have had significant impacts on women and girls. For example, lockdowns have curtailed women and girls' access to their informal peer support networks, health and protection services as well as earning opportunities. School closures can potentially lead to devastating impacts on girls, especially higher risk for child marriage and child labour.[42] Even where sufficient technologies are available, the gender divide means girls benefit less from online or broadcast-based learning, especially where families have limited devices.[43] Women and girls tend to carry out most of the care for sick relatives, household chores and childcare responsibilities. For many women and girls, staying at home during the COVID-19 pandemic can be dangerous due to an increased risk of domestic violence. The loss of household income and protracted school closures may also place adolescent girls at an increased risk of child marriage. Moreover, adolescent mothers received less essential maternal health care, and many girls' needs for family planning remained unmet.

2. REAL TIME EVALUATION OF GENDER INTEGRATION IN THE SOUTH ASIA UNICEF COVID-19 RESPONSE

2.1 UNICEF's COVID-19 Response in South Asia

From the start of the pandemic, UNICEF regional office (ROSA) and country offices in the region have been working in close collaboration and coordination with duty bearers such as WHO, governments, Inter Agency taskforces/other UN agencies, Centre for Disease Control, INGOs and other stakeholders including donor agencies to deliver life-saving and essential services to the rights holders, in particular women, children and most vulnerable populations in South Asia. (See Section 2.7.2 for more details) A point to note is that the Regional Office and Country offices response plans

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40 UNICEF. COVID-19 and Children. https://data.unicef.org/covid-19-and-children/
41 Lives Upended, June 2020
42 UNICEF. Gender Equality and COVID-19. https://data.unwomen.org/resources/covid-19-emerging-gender-data-and-why-it-matters
43 UN Women. The First 100 days of COVID-19 in Asia and the Pacific.

were developed in alignment with the 2020 WHO Global Strategic Preparedness and Response Plan (SPRP), and the 2020 UNICEF COVID-2019 Humanitarian Action for Children (HAC) Appeal[44]. By June 2020, UNICEF South Asia appeal stood at US$ 243.5 million to support both duty bearers and rights holders, i.e., government efforts and interventions to prevent the spread of the virus and respond to those that have been affected through provision of critical supplies and ensuring continuous access to essential health services and responding to the social economic impacts of the disease. This appeal was in line with the escalating needs due to the spread of COVID-19 in South Asia[45].

Gender equality efforts by UNICEF in South Asia are underpinned by the GAP 2018-2021, which is

> **By June 2020, UNICEF had identified the dire situation for 600 million children at risk due to COVID-19 in SAR**
>
> - 430 million children unable to attend schools, girls particularly vulnerable
> - 459,000 children and mothers' lives affected because of disruption of vital health services
> - 36,000 mothers, anticipated increase in maternal death
> - Continuity of care services for girls and pregnant and lactating mothers disrupted
> - Unprecedented socio-economic hardship
>
> *Gains secured over the past 25 years of development are under threat.*
>
> *UNICEF Situation Overview June 2020*

aligned with the Strategic Plan 2018-2021, UNICEF's Policy on Gender Equality and the Empowerment of Girls and Women (2021) and Sustainable Development Goal 5: Achieve gender equality and empower all women and girls. In recent years, the Regional Office in South Asia (ROSA) has further invested in efforts to strengthen gender-transformative programming. UNICEF in South Asia promotes and advocates for gender equality within its six key Regional Headline Result areas. In 2018, the Gender Toolkit and Enhancing Gender in Humanitarian Response checklist, were launched to strengthen the institutional and individual capacity to undertake gender mainstreaming in UNICEF's programmes and to advance policy commitments on gender equality.

During the COVID-19 response, ROSA adapted global actions to the South Asia context and developed a framework for response, that explicitly addressed rights holders[46].

Taking into account the specific needs of women, girls, men and boys makes humanitarian response more effective and accountable to all affected populations'[47].

It was therefore imperative that the policy and programmatic responses to the pandemic are at minimum gender sensitive and ideally gender transformative.

2.2 Rationale for the evaluation

Based on evidence gathered from previous global health emergencies and from the incoming COVID-19 monitoring data, it was clear that the impact of COVID-19 pandemic was not gender neutral. The Terms of Reference for the evaluation noted the importance of gender-specific data, and the need to analyse disparities and discrimination in order to alleviate the disproportionate burden that women and girls faced in the specific context of the COVID-19 pandemic. It also noted the

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44 UNICEF ROSA, COVID-19 situation report, 9 March 2020
45 UNICEF ROSA, COVID-19 Situation Report, 11 June 2020
46 Gender and COVID-19 – Considerations for South Asia Response, April 2020.
47 Interim Guidance. Gender Alert for COVID-19 Outbreak. IASC Reference Group for Gender in Humanitarian Action. March 2020.

importance of seeding actions that aim to transform harmful gender roles, norms and power relations.

There were three key initial drivers[48] for this evaluation:

i) *Documentation and strengthening of gender integration of the response*: Given the May 2020 projections on the protracted nature of the COVID-19 pandemic and considering that women and girls were in many ways at the epicentre of the pandemic (as caregivers, primary health responders, users of interrupted sexual, reproductive and maternal health services to name some) the efforts to scale up the effectiveness of the response from a gender perspective were critical. For this purpose, there was a need to evaluate the gender elements and effectiveness of the response measures taken thus far to ensure adequate, real-time feedback loops for improving policy and programmatic responses as the crisis evolved and unfolded.

ii) *Focus on learning about integrating gender in humanitarian response at UNICEF and use of gender related evaluation evidence[49]*. While UNICEF had gathered a considerable body of evidence on its previous humanitarian action, gender had not been a key enquiry area. The 'Synthesis of UNICEF Evaluations of Humanitarian Action 2010-2016' considered gender under the cross-cutting issue of equity and found gender to be one of the identified gaps.[50] UNICEF did not have evaluative evidence on its gender performance in past health emergencies. The 'Evaluation of UNICEF's response to the Ebola outbreak in West Africa 2014-2015' did not consider gender-sensitive responses or place gender in the evaluation framework. Gender was also not considered in the key guiding questions in the 'UNICEF Response to the Cholera Outbreak in Yemen' evaluation in 2018. The RTE intended to enhance learning about gender responsiveness in specific COVID-19 programming in real time.

iii) *Guide for future investments both in gender in emergencies and investments in gender mainstreaming at the nexus of development programming across all programming areas.* ROSA was highly committed to promoting gender equality in programmatic action. The current pandemic provided an opportunity to assess how the overall response had been able to capitalize on the accumulated experience and investments in humanitarian context/emergency settings and how these translated into integrating gender in the COVID-19 response and beyond at the nexus of development programming. In 2020 ROSA was also establishing a Gender Reference Group for the region, and strengthening the gender specialist/focal point regional network with an objective to support gender-focused learning as a region and to finetune programming and institutional effectiveness.

2.3 Object of the evaluation

The enquiry areas for the evaluation included, but was not limited to the UNICEF ROSA key focus areas for the COVID-19 response:

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48 The evaluation and KEQ was conceptualized in May 2020 with limited foresight information on the pandemic

49 At the time the evaluation TOR was conceived, there was limited data on gender in humanitarian crises.

50 The Synthesis (which covered 30 humanitarian evaluations 2010-2016) found that equity approaches have not been consistently implemented in UNICEF's humanitarian action. Less than half of the evaluations found equity concerns satisfactorily integrated into responses. There were clear gaps or weaknesses in UNICEF's implementation of Accountability to Affected Population (AAP) commitments, although there was also evidence of gradual improvement in some areas. Gender was identified as a gap in equity in five responses.

- Public Health Response;

- Continuity of Services;

- Responding to the Socio-Economic Impact;

- UNICEF Five Actions for Gender Equality in COVID-19 (*See Figure 1*).

Aligning with UNICEF Strategic Plan and to respond to the needs of rights holders in the COVID-19 context, five core programmatic and advocacy actions were developed by UNICEF globally in March 2020. These five core areas recognized the public health, social and economic consequences of the pandemic, with a particular focus on gender:

Figure: 1 UNICEF Gender Priority Areas in COVID-19

Care for caregivers

Prepare for increases in Gender-Based Violence (GBV) in the COVID-19 outbreak

Maintain core health, nutrition, and education services and system

Engage existing women's and youth right networks to support connectivity and vital information flow

Ensure gender data are available, analyzed and actionable
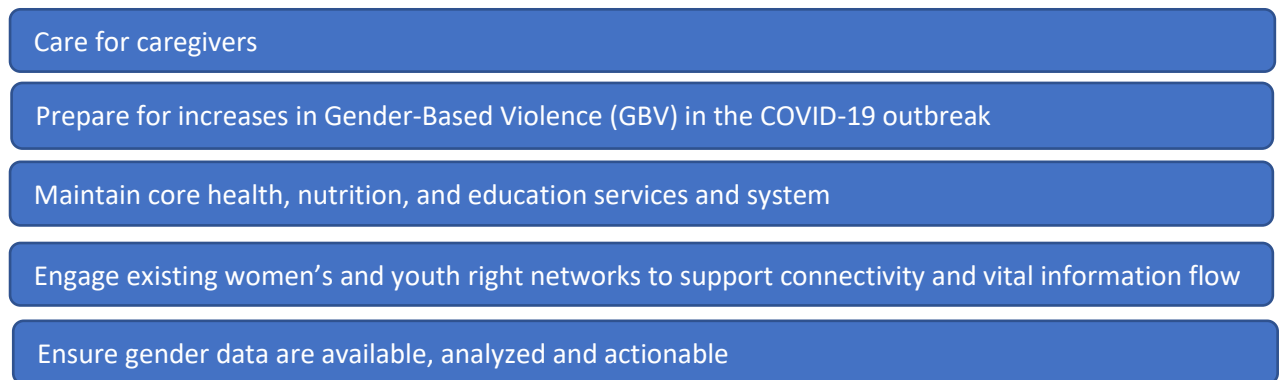
UNICEF in the South Asia region took these global priority actions forward, building on the investments to strengthen gender-transformative programming undertaken in the recent years[51]. Taking into account the situation in the region, ROSA also identified five accelerated results areas for its COVID-19 response – Water, Primary Health Care (PHC), Learning, Mental Health and Data, and developed a matrix (*see Figure 2*) that ensured that the five actions for gender equality cross-referenced these five accelerated areas enabling coherence across the various guidance documents[52].

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51 In 2018, the Gender Toolkit and Enhancing Gender in Humanitarian Response checklist, were launched to strengthen the institutional and individual capacity to undertake gender mainstreaming in UNICEF's programmes and to advance policy commitments on gender equality
52 Gender integration across results groups, 13 October

Figure 2: Gender Integration across Result Groups

GENDER INTEGRATION ACROSS RESULT GROUPS

Water	PHC	Learning	Mental Health	Data

Water

School reopening - MHM in Schools – Support to CO Nepal, India, Bangladesh, Afghanistan, Pakistan

Develop a brief, practical guide to define and operationalize gender dimensions of CO WASH roadmaps

Supporting Bangladesh and Afghanistan (Pakistan, India and Nepal) - HAC 2021

- GBViE/Risk Mitigation Learning Series (Bangladesh/Afghanistan) – gender /CP/WASH support to CO

PHC

Multi-country assessment – Community Health Workers and Astana Declaration Standards (health lead)

Maternal Nutrition and Complementary Feeding guidance – SAARC (nutrition lead)

Gender and Immunization training package - roll out

Learning

Girl's Skills, Learning and Education Community of Practice – GiGA Girls, Skills4Girls

(Follow up to LNGB and GenU/Youth Skills and IDG2020) ;
ADAP, Education, Gender

Dissemination and operationalize:
Gender-responsive Education Framework (Chris) and case studies

Reopening Schools Checklist

Mental Health

VAW/VAC – Domestic Violence and Violence against Children

- UNiTE joint messaging (16 Days)
- VAW/VAC Media Guidance
- HNSA Training materials/poster

Edinburgh University collaboration - 12 Case Studies and Analytical Report

SRGBV
Regional study and deep dives: Afghanistan, Nepal and India (UP)

Supporting Bangladesh and Afghanistan (Pakistan, India and Nepal) - HAC 2021 (GBV)

- GBViE/Risk Mitigation Learning Series (Bangladesh/Afghanistan) – gender /CP WASH support to CO

Data

Data Visualization: gender-responsive SitAn and SES, Ureport, CO rapid assessments (w/Emergency, Planning)

Family Friendly Policies and Workplace Practices, in collaboration with Innocenti (w/B4D, Nutrition)

GEM Coding and tracking gender-responsive SitAn and SES indicators monthly (w/Emergency, Planning)

ECD/ECE:
Gender Socialization (technical support for Nepal, India, and Sri Lanka) – Gender/C4D
Positive Parenting (education/mental health/PHC)

Women's Groups Community Engagement – Alliance Building with NGOs
SEWING STRONG: SPIRIT of Solidarity; STANDARD SETTING – WHO/UNICEF criteria ; SUSTAINABILITY (w/C4D & Comms, B4D, PHC, Emergency + Return to School)
Community of Practice around Adolescent Girls' Education, Skills and Empowerment – inter-generational dialogues

Technical Support for Averting Child Marriage, and Response
Child Marriage in Emergency Settings Report (reference group); Evaluation/Technical support – Bangladesh, Afghanistan, Nepal

Recommendations made in the independent evaluation of the UNICEF's two successive Gender Action Plans during the period 2014-2019, indicated the need for greater investment in gender transformative programming.[53] The new UNICEF strategic plan 2022-2025 includes gender transformative programming as a change strategy, and the new 2021 UNICEF Gender Policy commits to 'a bolder and more ambitious vision for gender equality and the empowerment of all women and of children and adolescents' and reiterates the 'centreing of gender equality'[54].

ROSA and Cos explicitly aim for gender transformative (also known as feminist)[55] programming in the region. This refers to tackling root causes of gender inequality and moving beyond self-improvement among girls and women to address power dynamics and structures that reinforce gender inequalities[56]. The Gender Scale (*see Figure 3*) describes the Gender Continuum Diagnostic Tool used by UNICEF to evaluate to what extent its interventions address gender inequality.

Figure 3: Gender Scale and different types of gendered processes
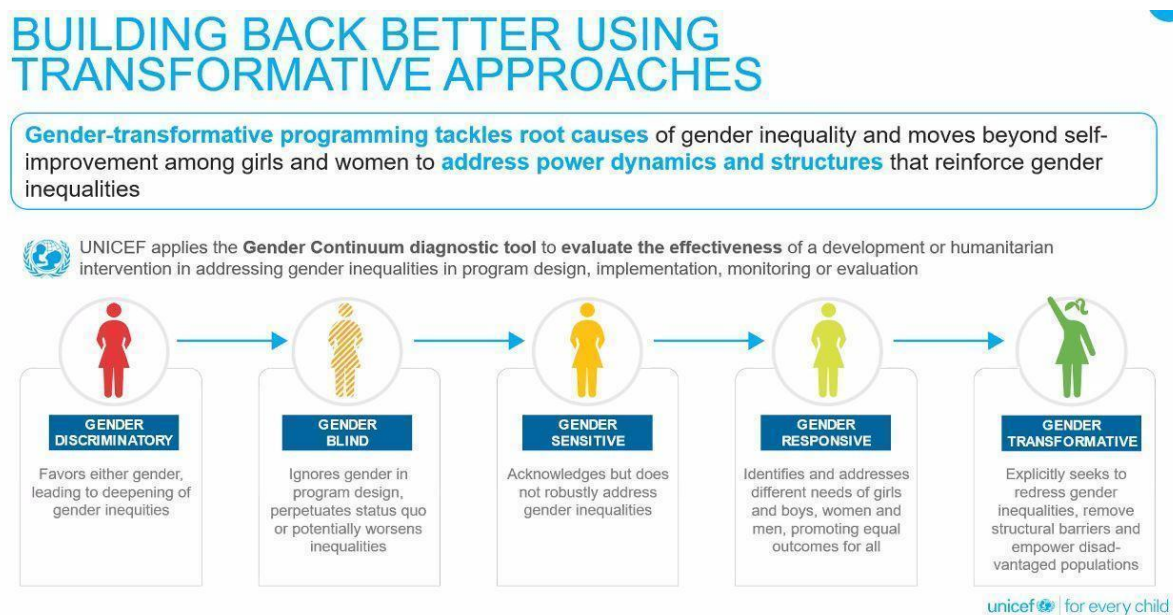
Stakeholders, Right Holders and Duty Bearers

The stakeholders of this evaluation included the following duty bearers: a) UNICEF (internal) at regional and country level particularly UNICEF gender specialists, senior CO/RO managers, programme staff working on gender related issues, b) host government representatives and implementing partners (external) who worked during COVID-19 with vulnerable and marginalized

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53 The evaluation findings highlight positive gains made over the past four years, including informing UNICEF's programmatic efforts on gender integration and target gender results, as well as investments in HQ/RO/CO gender architecture and monitoring mechanisms. The evaluation also noted the limited gender investment beyond gender-based violence (GBViE) in humanitarian programming, and the need to invest in gender capacity as well as more transformative programming.

54 https://www.unicef.org/media/107516/file/UNICEF%20Strategic%20Plan%202022-2025.pdf

55 In accordance with the RTE Concept Note (p.4), "feminist" means "emphasizing participatory, empowering, and social justice agendas"

56 Definition from UNICEF Gender Continuum Diagnostic Tool In addition to the desk-reviews and KIIs, the continuous learning approach will adopt selected real-time evaluation (RTE) methods.

populations, with a special focus on gender especially women, girls and boys and c) others such as INGOs, and other UN agencies. The rights bearers from the marginalized communities were not included as the review was at a regional level and with the COVID-19 pandemic restrictions, the evaluators could not interact directly with them (*ee Section 2.7.2 for further details*).

2.4 Scope of the evaluation

The evaluation covered programming in all the eight countries (Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka) including the Regional Office and thematically covered a sample of interventions from the gender priority areas (*see Figure 1*) of the UNICEF COVID-19 response. As this is a regional final report synthesizing findings from South Asia, the duty bearers refer to UNICEF ROSA and CO, government counterparts and UNICEF's implementing partners at appropriate levels. Due to the regional context of the evaluation, it does not address the duty bearers at the village and district level. The rights holders are the affected populations due to COVID-19, particularly vulnerable groups of women, men, girls and boys. Rights holders were not included (*see Section 2.7.2*) for several reasons: this was a regional report, representation would be anecdotal (considering the resources available) and the lockdown restrictions that inhibited meeting communities (rights holders) face-to-face.

The RTE assumed that gender would be integrated or mainstreamed in the COVID-19 response and in the absence of a gendered theory of change (ToC) for the COVID-19 unfolding pandemic, narrowed the ambitious scope to reviewing the outcomes in terms of a) normative frameworks and guidance documents; review of accountability measures such as human resource availability, corporate accountability, and decision-making processes for gender integration across sectors and initiatives. (Please see Operational Review Report) b) UNICEF annual reports, SitReps and Response plans on gender integration and effectiveness – all self-reported c) selected case studies to operationally analyse gendered programme/policy in terms of outcomes using feminist frameworks and most importantly, d) the gender scale as the framework to assess gender transformation outcomes in the sample of interventions under study.

In no way does the RTE attempt to assess UNICEF's practices related to the COVID-19 regional programming. Being a regional report, it addresses the outcomes as outlined above. Importantly, the evaluation has a process and learning focus in step with the feminist, developmental and real time evaluation approaches used (*see section 2.6*). The feminist approach aligns with the international instruments of CEDAW, The Beijing Declaration and the Platform for Action, UN Security Council Resolution 1325 on Women, Peace and Security, UN Guidance on 'Integrating Human Rights and Gender Equality in Evaluation: Towards UNEG Guidance', UNICEF's Core Commitments for Children (CCC) in Humanitarian Action and CRC principles of inclusion, non-discrimination, and fair/just power relations.

In particular, the regional evaluation assessed to what extent interventions in the pandemic were designed and implemented to address gender equality, with the assumption that the pursuit of gender equality is integral to the realization of human rights. It did so by addressing to what extent the needs of the most vulnerable rights holders, such as women, girls and boys were impacted, and whether the interventions were gender responsive and transformative (addressing structural power inequalities and male entitlement) using the Gender Scale as a framework (*see Figure 3*).

The enquiry areas for the evaluation drew from, but were not limited to (given the SA specific focus on gender – the value of the girl child) the UNICEF Five Actions for Gender Equality in COVID-19 Response Technical Note, issued by the HQ in April 2020[57] (*See Figure 1*). Some enquiry elements have a region-wide scope and some enquiry areas were limited to a sampling approach at country level, including the assessment areas focusing on gender integration in protracted, layered crisis (Afghanistan and Cox Bazaar in Bangladesh).

The evaluation period covers March 2020 to August 2021 and the different deliverables were planned and sequenced to allow results to emerge from the evaluation periodically. The phased approach also corresponded with the development of the new gender policy and action plan, enabling inputs to this development process.

Figure 4: Real Time Evaluation Timeline

Real Time Evaluation of the Gender Integration/Effectiveness of the UNICEF COVID-19 Response in South Asia

September 2020 RTE launch

December 2020 Gender Integration Report

May - June 2021 GAP SC, PD GAP SC, Special Advisory Group consultations

September 2021 Final consolidated report

November 2020 RMT, Inception Report, Operational review report

February 2021 First Draft of the Gender Policy and Action Plan 2022

July 2021 Gender Effectiveness Report

October 2021 Approval of the new Gender Policy and Action Plan

UNICEF Strategic Plan 2022–2025 | Development process

1. **Inception Report** described evaluation approach, feminist framework, methods, tools, sampling and evaluation matrix with the key questions (November, 2020).
   Deliverable 1: Rapid operational review assessed normative frameworks, guidances, and response measures initiated at the onset of the pandemic in SAR and during the lockdown and curfew phases (November 2020).
2. **Deliverable 2**: Focused on assessing the extent to which **gender was integrated** in the responses. (July 2021).
3. **Deliverable 3**: Focused on **how effective** was gender integration in the COVID -19 response. (July 2021 along with Deliverable 2).
4. **Deliverable 4 and Final Report:** Deliverable Four focuses on responses in compounded layered crisis, partnerships and inter-agency coordination.
   Final evaluation report consolidates previous deliverables, includes lessons learned and recommendations. (September 2021)

57 The concept note also draws from the 'Gender-Responsive Social Protection during COVID19: Technical note' which UNICEF issued in April 2020.

2.5 Objectives of the evaluation

The main objectives of the evaluation were:

(i)   To establish the operational preparedness and evaluability of the gender elements and gender effectiveness of the COVID-19 response in SA by reviewing the enablers, normative and accountability frameworks set up at the onset of the response period;

(ii)   To assess the extent to which gender has been integrated to the response measures;

(iii)   To evaluate the gender effectiveness of the of the response measures by using the gender scale/diagnostic tool[58] and against organizational/regional priority actions, for further improving UNICEF and host government's policy and programmatic responses;

(iv)   To document lessons, good practices and successful initiatives and partnerships for improving UNICEF and host government's gender integration and outcomes in policy and programmatic responses and develop a set of recommendations for each phase, for improving UNICEF SA and key partners' capacity to deliver gender transformative results; with particular focus on gender in emergency programming.

Each of the objectives addressed specific questions:

Figure 5: Evaluation Framework Questions

i) To what extent did the strategy and design of the COVID-19 immediate response by RO and CO enable operational preparedness for an engendered response?	• Are accountability measures and normative frameworks in place at RO and COs for gender effective response programming for COVID 19? • Do Response PLANS (COVID-19) at program, policy, advocacy levels reflect gender analysis, equality issues or awareness of gender based vulnerabilities? • Is COVID-19 socioeconomic impact data disaggregated by sex, age and disability? Are mechanisms in place to analyse data with a gender lens and provide real time feedback loops?
ii) To what extent was gender integrated into the response measures during COVID-19?	• Were specific gender concerns relevant to COVID-19 integrated into continuity of care services, education, health and preparedness for increased GBV? Any special focus on adolescent girls? • Were RO and COs able to actively support existing networks of women and youth as well as various social and community platforms for women and girls meaningful participation? • Were RO and CO able to actively dialogue with governments on gender equality issues and plan joint responses?
iii) To what extent were programmes gender effective and transformative?	• Was gender integrated and what difference did gender integration at RO and CO make in the achievement of planned results/outcomes and what were the gaps? To what extent were the responses gender transformative? • Was UNICEF's supported or generated gender focused evidence and advocacy able to influence government COVID-19 programming? • To what extent did buget allocations for gender improve or negatively affect the results?
iv) What were the good practices, successful initiatives, partnerships and lessons learned related to delivering gender transformative results as a result of UNICEF RO and CO initiatives?	• What were the gender specific responses from COVID-19 Programming in compounded, layered crises? • Has RO and CO contributed to the functioning and consolidation of inter-agency cooperative response? • Was HQ and RO gender guidance and capacity building useful to strengthen gender related action at RO and CO?

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58 See figure 1: UNICEF Gender Diagnostic Tool at the end of the Concept Note

2.6 Approach and Methodology of the Evaluation

The evaluation is a real-time evaluation RTE over a limited timeframe (March 2020, outbreak of pandemic in South Asia to August 2021). The UNICEF Regional Office for South Asia conceptualized the evaluation design in May-June 2020, and the evaluation team was onboard in September 2020 and continued to work on the evaluation until September 2021. The longer-term engagement with the evaluators enabled _a continuous learning approach_ adopting selected real-time evaluation (RTE) methods which are described in the Methodology section. The evaluation approach also resembles developmental evaluation[59] in the sense that it is based on a long-term evaluative relationship between external evaluators and UNICEF evaluation and gender staff. The evaluators have collaboratively and intensively engaged with the gender network in SAR throughout the response period, providing feedback on a continuous basis and facilitating a dialogue which has supported the region to move towards more gender transformative COVID-19 programming. The inception report modified the KEQs slightly from the concept note to better address the evaluability and purpose of the evaluation, and was validated by the gender and evaluation internal reference group, the gender network and gender management group.

2.6.1 Approach

The evaluation approach of learning focused, participative, gender and rights based was designed to meet the objectives of the real time evaluation. A mixed-methods approach for data collection included both primary and secondary sources of data (_see section 2.6.2_). The evaluation approach integrated the feminist approach, its human rights principles (_see Table 1 and 2_) and OECD/DAC criteria (effectiveness, relevance, coherence and connectedness and sustainability). Such aligning seamlessly incorporated gender, equity and leaving no one behind criteria for evaluation, a key focus of the evaluation approach. Impact criteria was not deemed possible with the evaluations's time frame and the humanitarian setting. Further, the focus was on the learning, and transformative processes that would lead to gendered change and impact.

The RTE evaluation incorporated key features of the feminist, human rights, and learning approaches as well as adherence to UNEG Norms and standards[60]. These were:

1) The RTE was _utilization-oriented and forward-looking_, responding to the needs and priorities of UNICEF ROSA and the eight countries in the hybrid emergency-development nexus during the pandemic. The focus was on the intended use of the review results, including identifying lessons for the next gender strategic plan. Towards that end, the USERS were identified as the ROSA Gender Advisor, ROSA Evaluation Specialist, the regional management group, RiGoR (see TOR Annex XII) and the Gender Network (comprising gender specialists from RO and CO). The USERS worked with the consultants to co-design the RTE, review emergent findings and lessons learned, transfer learnings in real time and provide feedback loops to the RTE process. This enabled capacity transfer, real time learning and adaptation as needed leading to greater ownership of the evaluation process. A set of learning questions were developed for the Gender Network and RiGoR a) what to continue doing; b) what to drop; and c) what to do

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59 Patton, M. Q. (2010) Developmental Evaluation. Applying Complexity Concepts to Enhance Innovation and Use. Guilford Press, New York. According to Patton, developmental evaluation "supports innovation development to guide adaptation to emergent and dynamic realities in complex environments". This approach was relevant to the emerging pandemic.
60 Integrating Human Rights and Gender Equality in Evaluation: Towards UNEG Guidance.

better at the end of each deliverable. The intention was to contribute to a) capacity building; b) building partnerships; c) programme design; and d) monitoring and evaluation, (See Conclusion section outlining USERS and USES throughout the evaluation period)

2) The RTE utilized a learning approach providing 'good enough' evidence to inform decision makers and programme staff. Learning was flexible and iterative, creating space for new questions, methods analysis and feedback loops. The learning approach, a hallmark of developmental evaluation, aptly responded to the emerging and changing needs of the COVID-19 response. Another hallmark of a learning approach is to capture system dynamics, and surface innovation strategies. By involving the Gender Network, RiGOR (Gender Management Group) and through fly on the wall methods, the RTE set up procedures to capture emerging trends and innovation. Being a long-term evaluation (18 months), the evaluators had the opportunity to be embedded in the process and observe the evolving challenges in the region. Towards that end, the RTE was able to make presentations or provide summary updates to various regional and country level meetings/workshops and incorporated their feedback. These diverse activities and timely reports provided real time feedback to relevant stakeholders to learn from the RTE and take strategic decisions.

3) The RTE aligned the KEQ with the *DAC criteria* – the criteria (as stated in the TOR)– **relevance, coherence & connectedness, effectiveness and sustainability-** are gender neutral. The KEQ alignment to the selected criteria enabled the assessment of *gender in the COVID-19* hybrid emergency-development *respons*e in a <u>formative, forward-looking manner</u>.

Table 1: Key Evaluation Questions for each deliverable and alignment with DAC criteria

Evaluation Criteria/ Overarching Questions	Relevance	Effectiveness	Coherence and Connectedness	Sustainability
Deliverable One: Overarching Question To what extent did the strategy and design of the COVID-19 immediate response by RO and CO enable **operational preparedness** for an engendered response?	**Key Question 1:** To what extent are the accountability measures and normative frameworks in place at RO and Cos for gender effective response programming for COVID-19?			
	Key Question 2: To what extent do the response plans at programme, policy, advocacy levels reflect gender analysis, equality issues or awareness of gender-based vulnerabilities with special reference to COVID-19?	**Key Question 3:** To what extent is the COVID-19 socioeconomic impact data disaggregated by sex, age and disability? What mechanisms are available to analyse the data with a gender lens and provide real time feedback loops to programming?		
Deliverable Two: Overarching Question To what extent was gender **integrated** into the response measures during COVID-19?	**Key Question 4:** To what extent were specific gender concerns relevant to COVID-19 integrated into continuity of care services, education, health and preparedness for increased GBV? To what extent was there a special focus on		**Key Question 6:** To what extent was CO able to actively dialogue with host governments on gender equality issues and plan joint responses?	**Key Question 5:** To what extent were RO and Cos able to actively support existing networks of women and youth as well as various social and community platforms to remain connected, exchange information and be inclusive

	adolescent girls – have the adolescent girls been heard and included in the response interventions??			so that women and girls could meaningfully participate?
Deliverable Three: Overarching Question To what extent were programmes gender transformative? How **effective** was the integration?		**Key Question 7:** To what extent was gender integrated and what difference did gender integration at RO and CO make in the achievement of planned results and outcomes and what were the gaps? To what extent were the responses gender transformative?	
		Key Question 8: To what extent was UNICEF supported or generated gender focused evidence and advocacy able to influence government COVID-19 programming?	
		Key Question 9: What was the impact of more or less budgets available for gender programming on gender results?	
Deliverable Four: Overarching Question 4 What were the good practices, successful initiatives, partnerships and lessons learned related to delivering gender transformative results as a result of UNICEF RO and CO initiatives with governments and partners?	**Key Question10:** What were the gender specific responses from COVID-19 Programming in compounded, layered crises?		**Key Question 11:** To what extent has RO and CO contributed to the functioning and consolidation of inter-agency cooperative response?	
			Key Question 12: To what extent was HQ and RO gender guidance and capacity building useful to strengthen gender related action at RO and CO?	

The RTE integrated a *feminist approach* that includes both *human rights and gender equality,* providing credible information about the extent of results and benefits of support for particular groups of stakeholders, especially vulnerable and marginalized groups to the extent possible. The gender analysis included use of various *feminist frameworks* (Feminist theory of change, Change Matrix and

Rowland's empowerment framework) for the case studies and _analysis tools_ such as the Gender Diagnostic Scale (*see Figure 3*) GEM[61] among others.

The feminist principles that guided the RTE process are identified below (*see Table 2*). These principles were used to mainstream gender and equity with the DAC criteria (which are gender blind) to formulate the key questions (*see Table 1*) to inform both process and analysis of results (*see Table 2*).

Table 2: Feminist Evaluation Principles in the RTE Process

Principles	Key Implementation Practice Elements	Activities
Voices of the most disadvantaged/Empowerment	Identification of successes and good practice that address the most vulnerable especially adolescent girls; challenges and gaps; Key interviews with relevant target group or proxy, depending on context	Identification of case studies or illustrative examples Group and individual interviews Gendered Data analysis
Reflective	Qualitative data gathering, learning approach including learning from 'bad' practices; review power relations internally and externally (RO, CO, government, inter-agency, civil society, networks, partners, funders)	Fly on the wall Group and individual interviews Validation workshop Joint analysis with Gender Network group Gendered Data analysis
Social Justice	Attention to gender transformative processes; address structural inequities and inter-sectionality; focus on adolescent girls; emergent men and boys programming; attention to rights violation; diversity and disability; women's rights and children's rights	Contextual sampling and data gathering Gender Analysis Validation workshops Joint analysis with Gender Network group Gendered and Equity based data analysis Data triangulation
Inclusive	Affirmative action to include diverse participation from within UNICEF and externally, awareness of exclusion barriers to participate; awareness of cultural differences in the region	Methodology planning Group and individual interviews Gendered and Equity based data analysis
Participatory	Continuous and open communication to promote involvement and ownership in RTE process, with special attention to marginalized populations; valuing and facilitating different perspectives	Methodology planning and findings discussion Group and individual interviews Validation workshops Joint analysis with Gender Network group

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61 GEM or the Gender Equality Marker tracks progress towards gender equality. A GEM score from zero to three indicates increasing levels of gender inclusion and transformation with corresponding indicators. It helps to track planned or actual investments in gender equality within programmes or projects. All outputs are marked with a GEM rating at the beginning of a CPD or when funds are obtained

2.6.2 Methodology

The evaluation methodology adopted a <u>mixed-methods</u> approach and blended the qualitative analysis for gender and equity of SitReps, Response plans, documents, interviews with the quantitative analysis of RAM and survey data. Data collection tools included perception surveys, semi-structured interviews, iterative/interactive peer reviews of findings and self-assessment tools (such as polls). Desk review included COVID-19 surveys, documents and studies around the COVID-19 response. Attendance at workshops and meetings provided a deeper analytic understanding of the gender dimension across programmes and strategies. The RTE addressed a) timeliness and quick turnaround of emergent findings and b) learning-focused adaptive management in a complex, dynamic pandemic.

A) Timeliness: Closely aligned with the RTE methodology, the participatory analyses, self-assessment and rapid review findings with actionable recommendations were disseminated immediately to strengthen the gender lens in analysis, design and reporting on COVID-19 related response.

b) Learning focused for accountability for results in a **hybrid emergency-development response over a limited timeframe** (18 to 20 months) included selected real-time evaluation (RTE) methods which are described below.

(i) For the *fly on the wall method* the evaluator was a non-participating observer at selected decision moments, and meetings. The structured observations were conducted as unobtrusively as possible enabling organizational insights of the gender related programming at UNICEF.

(ii) *Periodic debriefing and self-assessment methods.* The gender network in ROSA includes gender specialists and gender focal points (in the absence of a gender specialist) from each CO. This network, in collaboration with the sectoral networks, acted as a key informant group for both peer-supported interaction as well as individual in-depth interviews. The network also provided qualitative feedback using a structured or semi-structured questionnaire/template at regular intervals throughout the response period. The learnings from these self-assessment methods were fed back into programming in a timely manner. This specific evaluation method relied on self-reporting and assessment but was a key contributor to developing gender capacity and analysis over the 18 months evaluation period.

(iii) *Adaptive management response:* The RTE produced timely interim reports (Operational Review, Gender Integration and Gender Effectiveness reports) with actionable recommendations that were disseminated, validated and elicited management responses in real time.

(iv) *Descriptive and Content Analysis* was useful to understand the context, frame the analysis of documents, and review the qualitative and quantitative data. Emerging trends and patterns were analysed with reference to the key evaluation questions and the gender diagnostic continuum scale. The review and analysis of CO and RO level COVID-19 response initiatives was desk-based and data gathering from the stakeholder sample was reliant on remote tools.

(v) *Case studies* included deep-dives into selected gender related interventions. The gender diagnostic scale and feminist frameworks were used to frame the analysis and generate lessons to support UNICEF to deliver gender transformative results. Country Offices (Cos) were invited to

select interventions that (i) addressed gender; (ii) and/or had the potential to scale up due to promising/emerging results, (iii) were able to demonstrate potential and/or emerging gender transformative results and overall, (iv) could translate the emergency (COVID) programming to long term development programming and by doing so strengthen the humanitarian-development nexus. The case study development served two purposes: a) Cos received real-time capacity building on gender-transformative analysis for programming and b) the evaluation team had an opportunity to closely engage with the UNICEF COVID-19 response initiatives to draw conclusions and generate lessons on the gender integration and effectiveness of various interventions. The case studies are not meant as stand-alone products but are one of many learning methods used for the evaluation.

The work was implemented through an individual consultancy (two persons) with the lead team member available for the entire duration of the evaluation period, i.e., until September 2021. The other team member left in April 2021 for another UN employment. The lead consultant and/or team worked in close collaboration with the ROSA evaluation and gender functions to maximize cross-learning from the findings and analysis. The evaluation team had expertise in measuring gender effectiveness, assessing accountability and normative frameworks, addressing gender concerns in emergency/humanitarian contexts and understanding of how UNICEF integrated gender in C4D, health, education, protection and WASH. The team had strong capacity in organizational development, participatory and feminist evaluation approaches as well as qualitative evaluation methods and tools.

2.7 Tools, Sampling and Data Analysis

Tools and sampling reflect the need for rapid data collection and feedback to ensure that learning loops are generated. The evaluation matrix (Annex VII) provides further details.

a) Methods – primary and secondary data collection (desk review, mixed methods, case study) and observation (fly on the wall)

b) Tools – survey and KII/FGD were developed for each stakeholder group (see Annexes II for details); tool for selection of case studies and key questions to be addressed was developed; a self-assessment checklist to assess use of feminist principles was validated by the Gender Network for future use.

c) Sample – purposive sample included UNICEF staff, and externals such as inter-agency staff, government officials and implementing partners (see Annex IX for Interview List)

2.7.1 Tools

Desk review of i) relevant and gender related programmatic documents,[62] ii) relevant meetings/webinars with timeline from January 2020 to August 2021; iii) RAM gender indicators added at the beginning of the COVID-19 epidemic. RAM indicator data were analysed at different points of time to understand how

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62 UNICEF five priority areas as reported in the Annual Gender Report and related documents including reviews and assessments

gender has been integrated in the response iv) Case study related documents from three countries. The RTE reviewed the gender related data, though limited, from the broader COVID-19 response real-time assessment (RTA), which was simultaneously being conducted in 2020 by UNICEF SAR.

Perception survey to assess awareness and use of guidance documents, accountability mechanisms, response measures and availability of disaggregated data. Respondents included Gender Focal Points (GFP) and Gender Specialists from all eight UNICEF country offices and other cross-sectoral staff as suggested by UNICEF CO and ROSA.

KII or FGD with selected government, NGO/CSO, Inter-Agency staff; and Gender Specialists/ GFPs and/or relevant programme staff at CO and ROSA (*see Table 4*).

Fly on the wall to unobtrusively observe meeting interactions to get insight into issues (*see Methodology section 2.6.2*).

Case study selection criteria (*see Methodology 2.6.2*) resulted in three country case studies; a gender analysis with the respective country office included three semi-structured FGDs and many follow up emails. A fourth case study reviewed the extent of gender analysis in completed evaluations at the regional level.

Table 3: Case studies of India, Afghanistan and Nepal country offices and ROSA

Country	Section	Initiative	Description	
Method/ framework of analysis: Gender diagnostic scale/continuum (diagnostic) and feminist frameworks (way forward) as applicable				Feminist Framework
INDIA	C4D	Community based RCCE intervention on COVID-19 sensitive behaviour and practices	Analysis of the gender responsiveness in planning, capacity building and messaging of COVID-19 appropriate behaviour, health, nutrition and stigma and discrimination,	Feminist Theory of Change
AFGHANISTAN		Women and Girls Safe Space Kabul	Extent of gender transformative programming and strategies for girls and women in a layered and complex emergency context.	Empowerment Framework
NEPAL	Social Policy, Evidence and Evaluation (SPEE)	Child Grant Program – a government led universal social protection grant for children	Gender Analysis and possible strategies to strengthen the gender equity component of UNICEF's support to government for their social protection Child Grant Program	Change Matrix
ROSA	Evaluation	UNICEF evaluations and inclusion of gender	Analysis of three SAR COVID related evaluations to assess the extent of gender integration and gender transformation	Gender Scale

		transformative elements		

2.7.2 Stakeholder Mapping

Stakeholders for the RTE included duty bearers and rights holders:
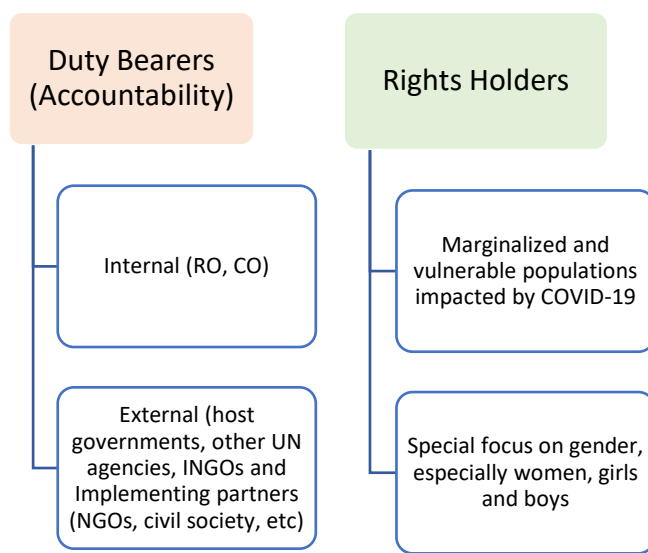
Stakeholders from the accountability perspective, included internal stakeholders such as UNICEF ROSA and the respective country offices and external ones such as host governments and implementing partners through which a lot of UNICEF's work is carried out. External stakeholders also included others such as INGOs and UN agencies. In terms of lines of accountability, UNICEF (alone or in partnership with other agencies) advocated for and provided technical assistance to host governments to integrate/strengthen the gender dimensions in health, education, WASH, C4D including GBV which were exacerbated by the pandemic and affected the most marginalized. UNICEF ROSA and CO shared gender related technical resources and monitoring tools with contracted implementing partners, to address the vulnerabilities due to the COVID-19 pandemic. Although a detailed financial analysis of gender related contributions was beyond the scope of the evaluation, there is a budget analysis of investment in gender equality in the Findings section (*see Section 3.2.2, Figures 17 and 18*).

The rights holders included marginalized and vulnerable populations particularly impacted by COVID-19 with a special focus on gender. The rights holders were not included as informants because a) the regional scope and the resources for the evaluation were such that the representation of the rights holders would have been anecdotal in representation and b) with COVID-19 restrictions and lockdowns in South Asia, community members could not be reached by the evaluation team (*also see 2.4 Scope of the Evaluation*).

Stakeholder mapping included gender and inclusion dimensions (*see Table 4*) across sampling and data collection. Stakeholders were selected because of their role in improving gender integration in terms of

responsibility/accountability such as UNICEF gender specialists, senior CO/RO managers, programme staff, government representatives, and implementing partners.

Both internal and external stakeholders (duty bearers) were included, further categorized into regional and country level. Internal stakeholder were UNICEF staff closely involved with gender and equity issues in the planning, design and evaluation of programmes across sectors. External stakeholders included government, inter-agency UN partners, multi-bilateral agencies, and regional and national implementation partners. The external stakeholders provided an understanding of the gender strategies and programmes at regional and national levels with reference to the terms of reference. Therefore, external data collection used qualitative tools with both upstream partners (inter-agency, government) as well as downstream partners (implementing partners including NGOs/CBOs, and community networks). The stakeholders were shortlisted from a larger number of persons identified by UNICEF for another ongoing evaluation of the overall COVID-19 response, using the criteria of involvement and understanding of the extent of integration and effectiveness in the COVID-19 gendered response. From these shortlisted external stakeholders and following many discussions, RO and CO identified who was available and introductions were made to facilitate the process. A total of 25 key informant interviews, 45 members in FGD and 41 survey respondents were internal. A total of 16 key informant interviews were with external stakeholders.

Figure 6: Stakeholder selection for KII

Stakeholder Selection for KII		

Internal=25 (KII)

KII External – 16

KII UNICEF ROSA/ HQ

- ROSA Regional Chief of Programme and Planning
- Regional Gender Advisor
- Regional Child Protection Advisor
- Evaluation Specialists (2)
- Statistic and Monitoring Specialist
- Emergency Specialist
- Education Specialist (2)
- Adolescent Development Consultant
- HQ Senior Gender Advisor

KII UNICEF Country Offices

- UNICEF Nepal (2)
- UNICEF India (5)
- UNICEF Bangladesh (2)
- UNICEF Cox's Bazar (2)
- UNICEF Pakistan (1)
- UNICEF Bhutan (2)

Government

- Department of Education under Ministry of Science and Technology (Nepal)
- Ministry of Women and Children Affairs (Bangladesh)
- National Commission for Women and Children (Bhutan)
- Ministry of Women and Child Affairs (Sri-Lanka)
- Department of Probation and Childcare Centre (Sri-Lanka)

UN Agencies

- UN Resident Coordinator's Office, Afghanistan
- UNFPA Bangladesh
- UNDP Bhutan
- UN Women Pakistan

CSOs/NGOs

- Plan International (Bangladesh)
- RENEW Network, Bhutan (2)
- Advocating the Rights of Children (ARC), Maldives
- Women Activities and Social Service Association (WASSA), Afghanistan
- Jaffna Social Action Centre (JSAC), Sri-Lanka
- Home Net South Asia

Overall, the methodology ensured integration of gender sensitive and inclusion dimensions in a purposive stakeholder mapping and selection. Please see stakeholder distribution by country and region for tools – perception survey, interviews and FGD.

Table 4: Data collection methods and sample of respondents

Method	Number	Details	Disaggregated data
Perception Survey	41	Gender focal points/specialists	Total=13, Male= 2 (51.4%), Female = 11 (84.6%)
		UNICEF cross-sectoral staff	Total=28, Male= 8 (28.6%), Female= 20 (71.4%)
		7 from Afghanistan CO	
		9 from Bangladesh CO	
		2 from Bhutan CO	
		2 from India CO	
		1 from Maldives CO	
		5 from Nepal CO	
		6 from Sri Lanka CO	
		3 from ROSA	
		6 Pakistan	
Interviews/FGD	41 (KII) + 45 (FGD)	1 from HQ	1 Female
		1 from UN Coordinator's Office	1 Female
		10 from ROSA	2 Female, 4 Male
		5 from Bangladesh	2 Female, 1 Male
		2 from Cox's Bazaar	2 Female
		6 from Bhutan	5 Female 1 Male
		3 from Nepal	2 Female 1 Male
		1 from Maldives	1 Male
		2 from Pakistan	2 Female
		3 from Afghanistan	2 Female 1 Male
		1 from Sri-Lanka	1 Male
		5 from India CO	4 Female 1 Male
		15 (five from each country for case study FGD – three times for each country)	36 Female 9 Male
Total	127	Respondents across all deliverables including FGD	30 Male 97 Female

2.7.3 Data Analysis and Synthesis

Data was analysed for both quantitative and qualitative data collected. Polls and perception surveys generated quantitative data and open-ended questions from the perception survey, KII and FGD generated qualitative data.

COVID-19 UNICEF programme plans, strategies and normative frameworks including the annual workplans, SitReps Response Plans and SES survey were analysed from a gender lens. To triangulate data, and with an assumption that ROSA Cos would report on the integration of gender considerations in their 2020 annual reports, and Response Plans, the RTE team analysed Cos 2020 Result Assessment Module (RAM) data against the guiding document titled 'List of Gender Indicators related to COVID-19 Monitoring' issued by UNICEF HQ in June 2020 and distributed across UNICEF Regional and Country Offices.

Since this was an ongoing pandemic and the evaluation was in real time, changes to plans and reporting were analysed at different points of time through qualitative research.

There was a systematic document review of UNICEF guidance documents, tools, handbooks for gender responsive programming and evaluation which continued throughout the evaluation. The UNICEF Gender Scale was used as a framework to analyse and assess the different types of gender programming. For the Case Studies, feminist frameworks were used to analyse such as the Change Matrix, Rowlands Empowerment Framework and Feminist Theory of Change (*see Tables 3 and 6*).

Evidence from all qualitative data including perception survey and KII were coded, anonymized and content analysed for findings and conclusions. Evidence tables were created for a repository of evidence to triangulate findings. Findings were analysed with reference to the evaluation questions. Most of the qualitative data was from the KII, FGD with some from open-ended questions in the perception survey – all of which were based on the KEQ providing a basis for triangulation.

For each of the deliverables related to the Operational Review, Gender Integration, Gender Effectiveness and Good practices, details of the analysis frameworks used are available (*see Section 3*).

Table 5: Data collection methods and unit of analysis

Methods	Numbers	Details
RAM Data, 2020 (Country)	8	All countries in ROSA
Case Study (Country)	4	Nepal, India, Afghanistan and regional
Perception Survey and KII	127	RO and all countries in ROSA
Fly on the wall (meetings)	12	RMT (3), Gender Network Meetings (6), RiGoR (2), dissemination meetings (1)

A summary of the methodology is presented below:

Table 6: Summary of overall methodology

Phases	Plan and design	Interim report				Synthesis Report
Timeline	October 2020 to February 2021	March 2021 to August 2021				September 2021
Feminist Evaluation Principles						
Deliverables						
Phases	**Inception Phase**	**Establish operational preparedness of COVID-19 Response Plan**	**Assess gender integration and response plan**	**Evaluate gender effectiveness using a gender diagnostic scale**	**Responses in compounded layered crisis, inter-agency coordination, partnerships**	**Lessons learned Recommendations**
Methods and tools	Desk Review KII at Regional level Inception workshop with Gender Focal Points Fly on the wall	Desk Review Perception survey KII/FGD Sitrep and response plan SES survey Fly on the wall	Desk Review Perception Survey KII/FGD Fly on the wall	Desk Review Perception Survey KII/FGD Case Study Fly on the wall	Desk Review KII/FGD	Synthesis of all deliverables
Analytical frameworks used for analysis		Content and gender analysis	Content and gender analysis	Gender Scale (GRES Framework) Feminist Theory of Change Change Matrix Rowlands Empowerment Framework	Content and gender analysis	
Deliverables	Inception report	Operational report with annexes Dissemination to Gender Network and RiGoR	Gender integration & effectiveness report Case Study from India, Nepal and Afghanistan Dissemination to Gender Network PowerPoint dissemination of RTE findings to all internal UNICEF staff (200+)		Deliverable 4 added to final report	Final Report synthesis of findings – includes all deliverables

The33valuateon matrix in Annex VII explains in detail how the KEQ questions were answered by the RTE. The key inquiry areas for each evaluation criteria are operationalized for each deliverable.

2.8 Potential Limitations, Risks and Mitigation Measures

This section outlines the various limitations in the following areas. Mitigating measures have also been included. It is to be noted that as the UNICEF COVID-19 programming was seen as adaptive from the onset

of the response given the already forecasted protracted nature of the pandemic and lack of previous pandemic response planning, the evaluation methodology was also designed to be flexible and agile to respond to the evolving and emergent conditions. Please see the Risk Matrix below.

Table 7: Limitations and Mitigation Measures

Area	Limitation	Mitigation Measures
Stakeholder Selection	The scope of the evaluation and the restriction of face-to-face meetings, it was not possible to address rights holders	The Feminist Approach ensured that the key questions for duty bearers and use of a mixed-methods approach addressed the needs of the rights holders (by proxy and indirectly).
Sampling related	The excessive workload of staff, numerous simultaneous surveys and staff dealing with personal situations during the ongoing pandemic slowed down the data collection process; Availability of partners – inter-agency, government officials, partners were challenging for the same reasons.	Avoiding duplication of data collection, streamlining the RTE with other relevant evaluations, and use of purposive sampling. The longer implementation period allowed a more flexible approach to KIIs – and several KIIs were rescheduled for a later timing. Compensating the number of KIIs with the quality, time and adequate follow-up to issues emerging from KIIs.
	The Perception Survey for UNICEF staff responses were not evenly distributed by sector and country, and response rate remained low, although several reminders were sent.	The overall number of responses was acceptable, when data points from other deliverables will be combined towards the final synthesizing evaluation report.
Scope	Region wide RTE may not address community voices; Interventions are many and diverse and time is limited for in-depth analysis	Use of proxy data such as U Report, community rapid assessment results and data as well as any gender specific data/indicator collected for surveys Interaction with local consultants to capture community voices Engaged with gender network, RiGoR for selection criteria and defining scope
	Due to the mainstreamed and inherent gender programming it was not possible to cover all dialogue and joint response planning with governments. Also, there were only two consultants, one of them changed to another position mid-way.	A sample of Initiatives with the government that have the potential for uptake and impact have been highlighted. The lead consultant continued till the end with some functional support from UNICEF ROSA.
Effectiveness criteria	Due to rapidly changing context of the pandemic resulting in adaptive planning and implementation, conventional effectiveness target	The evaluation explored trends, milestones and pathways of change that may indicate changes over time.

	related indicators could not be used	
Data related	Possible data gaps	Triangulation and desk reviews addressed some of these concerns. Furthermore, data gaps were acknowledged in the final report. All attempts were made to ensure robustness of data, challenges and quality gaps are recognized.
	To answer the effectiveness of gender integration, the inception report suggested use of GEM Markers against available gender frameworks to analyse the degree of gender transformative programming. However, the evaluation team was informed that the CO scoring on GEM could be inaccurate and hence would not provide a valid criterion for analysis.	Several alternative data points have been used to respond to the gender effectiveness question
	Remote data collection	The lack of face-to-face interactions are likely to reduce the richness of the data, *particularly important in feminist evaluations*. Although all attempts were made to use digital media, there is recognition that this limitation cannot be fully mitigated.
Analysis of findings	Possible limited generalization of findings	Given the quantum of projects being implemented, selection of priority areas and countries was purposive but may limit the generalization of findings. To mitigate such selection, the findings attempt to describe strategic pathways, trends and lessons learned for greater applicability and learning across countries in South Asia.
	The case studies identified and analysed were received on a voluntary basis and therefore are representative of the interventions related to the case studies. This could be a selection bias	The analysis of the three programmatic case studies from India, Nepal and Afghanistan are not best practice but have value for detailed gender analysis to inform current and future programming. They were not meant to be success stories and so the selection bias does not hold. The analysis templates for the case studies may be used as a learning tool to understand the 'how to' for gender transformative programming. This satisfies the 'learning' component of the RTE
	UNICEF currently is missing a measuring tool/monitoring system for reporting on influencing government policy and practice and the RTE was not able to access data. This kind of evidence is normally UNICEF self-reporting in the annual reports and not done with standard indicators.	Gender integration by host governments as a result of UNICEF's evidence and advocacy was addressed and perception of use by government was considered as a proxy for effectiveness. Also, at the government level, influence is likely to be one of contribution rather than attribution.

2.9 Ethical considerations

The evaluation was administered in line with the Procedure for Ethical Standards in Research, Evaluation, and Data Collection and Analysis (UNICEF, 2015 (revised in April 2021)) in order to ensure the highest ethical standards in all stages. The RTE team members were fully informed during their work on application of the ethics guidelines and were in continuous dialogue with the UNICEF ROSA evaluation section regarding the application of ethical standards and procedures during the COVID-19 context.

To be noted is that although the team worked collaboratively with both the ROSA Gender and evaluation functions, the RTE is an independent evaluation commissioned by UNICEF ROSA. All views captured from various stakeholders are objectively captured in the evaluation reports, and the evaluation team had no previous engagement with the UNICEF gender programming in the region ensuring externality, independence and freedom from any conflict of interest.

Data was collected from UNICEF staff, consultants and partners. Since data was not collected from the community representatives or children, no formal ethical clearance or IRB was needed. The RTE was real time, a learning-oriented evaluation and included a feminist approach that was inclusive, participatory and respectful of diversity. Therefore, as stipulated in UNEG Norms and Standards, the evaluators were 'sensitive to beliefs, manners and customs and act with integrity and honesty in their relationships with all stakeholders', 'ensured that their contacts with individuals are characterized by respect' and 'protected the anonymity and confidentiality of individual information'.

The evaluation has taken into the consideration 'do no harm' principle, which guarantees avoidance of any risks for any of the participants involved in the evaluation. This was one of the main reasons for opting not to collect data or views at community level. At the time when most of South Asia was in strict lockdown, limited movements and often in stressful COVID-related situation, the evaluation deemed that the additional effort and risk related to the frontline workers organizing KIIs or FGDs for the evaluation purposes, outweighed the potential benefits of collecting (largely unrepresentative) primary data.

Special measures were put in place to ensure that the evaluation process is ethical and that the participants in the evaluation process can openly express their opinion. The sources of information were protected and known only to the evaluators. To maintain confidentiality, comments and interview transcripts are anonymized. The RTE team ensured that the evaluation process was in line with UNEG Ethical Guidelines, i.e., ensuring ethical conduct in data generation. Specific attention was paid to issues specifically relating to:

- Harm and benefits;
- Informed consent;
- Privacy and confidentiality; and
- Conflict of interest of the evaluation informants.

Consequently, the RTE team ensured that it was clear to all subjects that their participation in the evaluation was voluntary. All participants were informed or advised of the context and purpose of the evaluation, as well as the privacy and confidentiality of the discussions.

3. KEY FINDINGS

The RTE aimed to understand UNICEF South Asia's performance and continuous learning on better integrating gender in the COVID-19 response. The Inception Report was validated by the key stakeholders (RIGoR and the SAR gender network) and provided a roadmap for the evaluation process, key evaluation questions, indicators and sources of data.

The real time evaluation approach was appropriate for this aim as it enabled learning, course correction and budget/capacity investments during the evaluation period. Findings from this RTE were shared with the regional high level gender reference group (RiGoR), the regional gender network in real time and were included in consultations and discussions to inform the Strategic Plan and Gender Policy/Action Plan (2022-2026).[63]

The findings In this section are guided by the scope, objectives, and methodology detailed in Section Two of the report. Feminist principles framed the analysis for all the findings (*see Table 2*). The findings have been triangulated across various data sources, primary and secondary and includes examples of programme activities and case studies to substantiate the analysis.

The analysis and findings for the four areas of evaluation (corresponding to the four objectives of the evaluation) – operational preparedness, gender integration, gender effectiveness and partnerships – are discussed with reference to the key evaluation questions for each evaluation area or theme (*see Figure 5*). The Review also addresses the evaluation criteria of **effectiveness, relevance, sustainability and coherence** through the framing of the KEQ and are detailed in the evaluation matrix (*see Table 1 and Evaluation Matrix Annex VII*).

3.1 Operational Review of gender programming – March to October 2020

The RTE commenced (October 2020) with the review of the **rapid operational preparedness** of gender integration in the COVID-19 response initiated at the onset of the pandemic in SAR (during the early lockdown and curfew phases, which in South Asia corresponds to roughly March to October 2020). It assessed UNICEF SAR's operational preparedness for an engendered response in terms of normative and accountability measures, gender inclusion in response plans, and data disaggregation in the socio-economic impact surveys.

As indicated in the Methodology (*see Figure 5*) and Approach sections (*see Table 1*), each deliverable had one overarching question and three KEQ. One of the KEQ (1) for Deliverable One is aligned with a KEQ (3) in Deliverable Four. Being a real time evaluation, this final regional report (synthesizing findings across various reports) reviews the 'then and now' KEQs across the two deliverables to determine the maturity of the response (*see Table 8 and Figure 6 below for timeline and KEQ analysis alignment*).
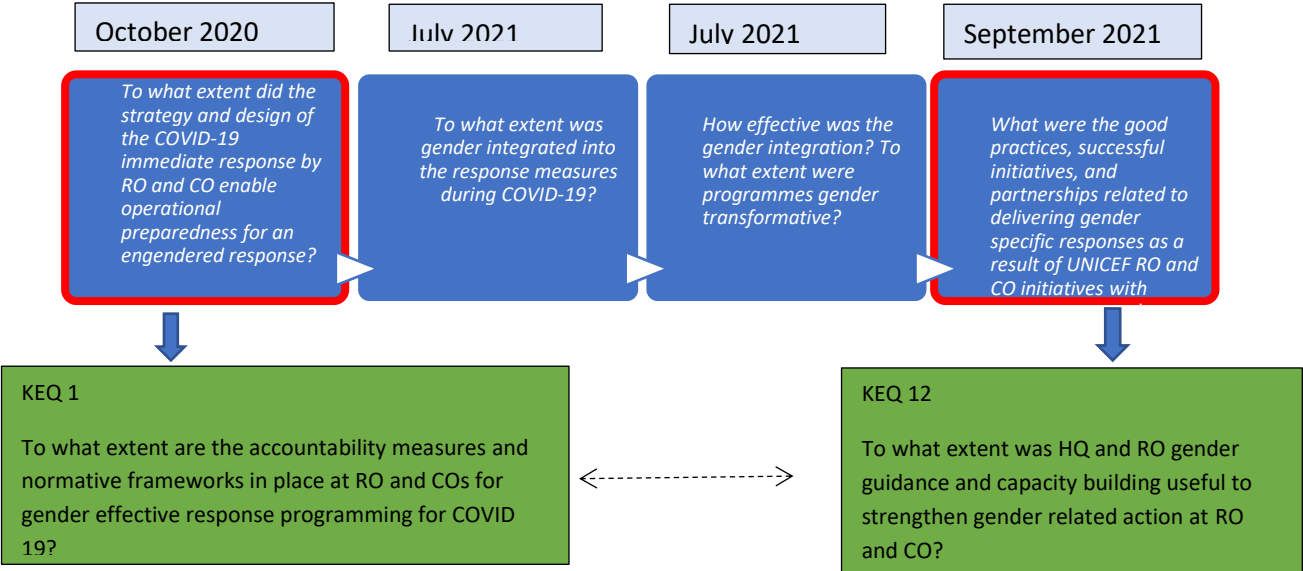
Table 8: Deliverables and KEQ

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63 Update Regional Office for South Asia: Gender Equality in COVID-19 Response: Progress Update October 2020

Overarching question: To what extent did the strategy and design of the COVID-19 immediate response by RO and CO enable **operational preparedness** for an engendered response?	Overarching question: What were the good practices, successful initiatives, partnerships and lessons learned related to delivering gender transformative results as a result of UNICEF RO and CO initiatives with governments and partners?
Deliverable One: KEQ	Deliverable Four: KEQ
1. To what extent are the accountability measures and normative frameworks in place at RO and cOs for gender effective response programming for COVID-19?	10. What were the gender specific responses from COVID-19 Programming in compounded, layered crises?
2. To what extent do the response PLANS at programme, policy, advocacy levels reflect gender analysis, equality issues or awareness of gender-based vulnerabilities with special reference to COVID-19?	11. To what extent has RO and CO contributed to the functioning and consolidation of inter-agency cooperative response?
3. To what extent is the COVID-19 socioeconomic impact data disaggregated by sex, age and disability? What mechanisms are available to analyse the data with a gender lens and provide real time feedback loops to programming?	12. To what extent was HQ and RO gender guidance and capacity building useful to strengthen gender related action at RO and CO?

Figure 6: RTE Deliverables Timeline (October 2020 to September 2021)

October 2020	July 2021	July 2021	September 2021
To what extent did the strategy and design of the COVID-19 immediate response by RO and CO enable operational preparedness for an engendered response?	To what extent was gender integrated into the response measures during COVID-19?	How effective was the gender integration? To what extent were programmes gender transformative?	What were the good practices, successful initiatives, and partnerships related to delivering gender specific responses as a result of UNICEF RO and CO initiatives with

KEQ 1

To what extent are the accountability measures and normative frameworks in place at RO and COs for gender effective response programming for COVID 19?

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KEQ 12

To what extent was HQ and RO gender guidance and capacity building useful to strengthen gender related action at RO and CO?

3.1.1 Normative and Accountability Measures

> Deliverable *One* Key Question 1: *To what extent are the accountability measures and normative frameworks in place at RO and cOs for gender effective response programming for COVID-19?*
> Deliverable *Four* Key Question 12: *To what extent was HQ and RO gender guidance and capacity building useful to strengthen gender related action at RO and CO?*[64]

The findings for the key questions used the following data: a) Poll by gender specialists and gender focal points of the Gender Network b) Survey of UNICEF staff and gender focal points/specialists c) KIIs and d) analysis of guidance documents and strategies.

THEN – March to October 2020

1. *About 20+ Guidance documents were shared by ROSA with the cOs in the early stages of the pandemic (March to October 2020) which guided UNICEF's gender responses in SAR. Gender specialists and focal points were supported through the gender network to use these guidances. Guidances and normative documents from other UN agencies and CO were also used.*

The first guidance document was received in March 2020 at the initial onset of the epidemic **clearly stating the Five Gender Priority Areas** to be addressed. The CCC Gender Equality Overview was received in October 2020. A number of guidance documents for RO and COs were sent by HQ, in March and April 2020 as an immediate response to the pandemic. Other UN agencies and COs also developed guidance documents.

RO made a concerted effort to ensure use of the guidance documents and supported the gender specialists and focal points in cOs and through the gender network.

A timeline for guidance documents was constructed through desk review and inputs from the gender network (see below). From March 2020 to October 2020 about 20+ guidance documents and tools were shared by HQ, ROSA and cOs, including cross-cutting ones and several related to Five Gender Priority Actions.

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[64] Please see Deliverable Four on Good Practices and Partnerships which analyses the other two Key Questions

Timeline of Key Gender and COVID-19 Guidance Documents, 2020
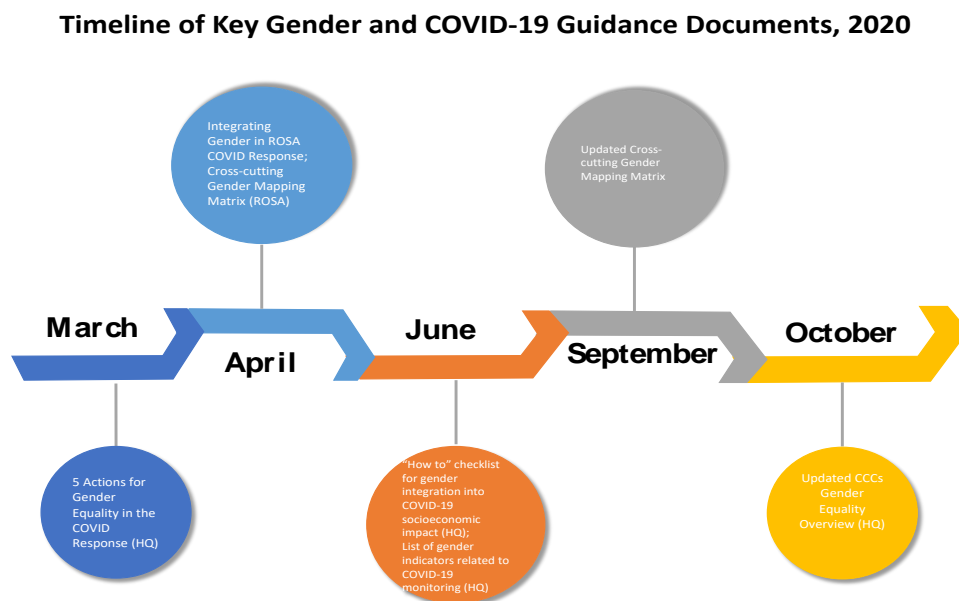
The large number of guidance documents received required skills to adapt and use. As time went by, cOs staff stated that they became adept, as the pandemic matured and their operational expertise increased, at adapting and choosing what was most applicable to their context. More than half the gender specialists and focal points stated that they used gender guidances from other partners.

The multiplicity of guidance documents from UNICEF – sectoral and overall–- resulted in some overlaps and differences related to data gathering for in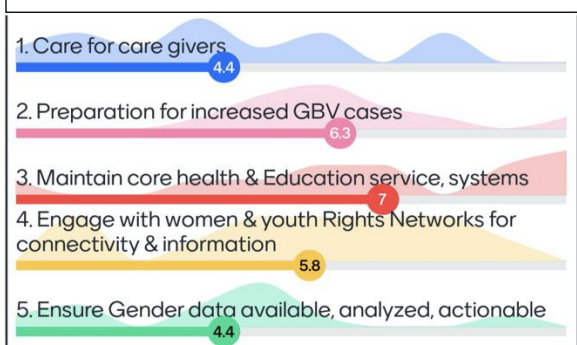dicators. For example, HAC related indicators, Five Actions for Gender Equality Indicators and other sector specific indicators, resulting in multiple reporting points.

Figure 8: Which gender priority areas were the CO able to do the best and most during the COVID-19 pandemic?

1. Care for care givers — 4.4
2. Preparation for increased GBV cases — 6.3
3. Maintain core health & Education service, systems — 7
4. Engage with women & youth Rights Networks for connectivity & information — 5.8
5. Ensure Gender data available, analyzed, actionable — 4.4

To the question, 'which gender priority areas were the CO able to do the best and most during the COVID-19 pandemic?', the gender focal points[65] and specialists provided a quick response. Some programmatic areas were prioritized and quickly addressed by CO. The responses provided a trend with regard to the most prioritized areas, also corresponding closely with the number of guidances received with 'Prepare for Increase in GBV during COVID-19 Outbreak' in lead, followed by 'Maintain Core Health and Education Services'. Whereas the responses are not representative of the views of all those involved in the COVID-19 gender response, they provide a trend with regard to

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65 A poll of ten gender specialists and gender focal points from eight South Asia Country Offices during the RTE inception phase in October 2020, identified which priority area they were able to address the most.)

the most prioritized areas. For example, one reason for the higher response to 'maintaining core health and education services and systems' with reference to the health systems could be that before the pandemic, there was an ongoing regional focus on strengthening the system supports for the mostly women, Community Health Workers. Also, the gender-based violence programming has been a cornerstone in some country offices and programming – for example in Cox's Bazar, Bangladesh and in Afghanistan and the response during the pandemic was swift adaptation. Further, an understanding of increased violence against women and children during the pandemic had resulted in reaching out to communities for partnerships in the response. Partnerships with community-based organizations also became valuable for information sharing. [66]

2. *Gendered response by CO was strengthened through trainings and ROSA support to use available guidances; some cOs developed their own guidances; guidances were used by COs and with their partners. Institutional accountability mechanism such as Gender Network meetings, RO assistance and CO management support included intensified engagement for knowledge sharing and capacity development.*

Institutional mechanisms for the gender response such as Gender Network meetings, RO assistance and CO management support were used for capacity building and sharing learnings related to various guidance documents and other gender related knowledge building. The Gender Network meetings were frequently held to provide information about how to integrate gender in planning, implementation and data gathering. In the initial stages the meetings were held frequently, at least twice a month and then shifted to once a month. A lot of support was also provided by ROSA offline after these meetings. There was sharing among CO – for example, the Gender Media Strategy developed by India was shared and used by other countries in the region to 'nudge behaviour change' in an equitable manner.

Additionally, the learning series on GBViE nuanced many emerging and cross-cutting issues and were widely appreciated because of its workshop format.

3. *A gender analysis of HQ guidance documents from March to October 2020 indicates that although there is reference to gender and equity, indicators are gender neutral and gender responsive and not transformative. Some guidances had gender-wide indicators, that is putting women and children in one category. Disaggregation of data in its simplest form with relation to sex and age was suggested only in some guidance documents.*

All the guidance documents and strategies were reviewed using a gender transformative lens. Definitions for gender neutral/blind, gender targeted, gender responsive and gender transformative (*see Figure 3*) were used to frame the analysis for this section. The feminist principles resonated with these definitions.

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66 Update Regional Office for South Asia: Gender Equality in COVID-19 Response: Progress Update October 2020. See Q5: "ROSA adopted a regional strategy for identifying, supporting and collaborating with women's and youth organizations in the spirit of risk communication and community engagement, and in order to recognize and promote women's leadership roles in an emergency. Across the region, these strategic partnerships have supported lifesaving interventions and leveraged policy advocacy."

The Five Actions for Gender Equality in the COVID Response (UNICEF Global Technical Note) that was received in March 2020 identified five programmatic and advocacy actions: i) care for caregivers, ii) prepare for increases in GBV, iii) maintain core health and educational services, iv) engage women's and youth networks for vital information flow and v) ensure gender data are available, analysed and actionable. For the five programmatic areas, there is alignment with CCC which has an explicit reference to gender equity in its three core areas and includes benchmarks: first, end to GBV; second, community engagement with and for women and girls; and lastly, gender responsive programming especially with a lens on adolescent girls. The above alignment indicates that movement towards gender transformation by RO and COs is ongoing and at different stages, and will require investments in gendered analysis for programme design, segmented data collection and M&E that is particularly sensitive about Leaving No One Behind.

Gender and COVID-19 Considerations for South Asia Response document clearly indicates the challenges in collecting sex and age disaggregated data. Some guidance documents do not mention them at all: such as Protection and Gender COVID-19 Response Resources (VAC, GBV, birth registration, health care, MHPSS. This analysis is based on a straightforward method whereby the various resources are assessed using a Yes/No, mostly looking into the inclusion of indicators/ questions on the access (universal) to services in general with adaptation for COVID-19 and respective policy changes. There is no disaggregation in terms of age or sex or vulnerability in relation to GBV and VAC.

Most documents and guidance documents 'described' gender analysis but did not challenge gender norms or power structures, which is a necessary criterion for gender transformation. For example, Gender and COVID-19 Considerations for South Asia Response document developed with the Gender Network is comprehensive in scope, provides practical recommendations for each team (Education, and others) to integrate gender. There is a clear emphasis on gender analysis with inter-sectional data placed at PM&E and Research's doorstep. There is recognition that for gender transformation, addressing deep rooted socio-cultural systems is not easy; and social norms, gender related entitlements, power imbalance and working with men and boys in GBV is critical. However, discussion about gendered roles especially during lockdown which is one of the root causes of GBV was limited to description rather than actionable plans and indicators to monitor change.

Some guidances had gender-wide indicators, i.e. women and children/adolescents are included together in one category and not addressed separately. This has serious implications such as, for VAC and VAW, which though linked, are very different in terms of determinants and response to violence.

Some guidances had indicators that were gender blind – an illustrative example is related to caregivers and health workers. Caregivers or health workers may or may not be predominantly female. If predominantly female, further segmentation regarding gendered characteristics (rural, urban, age, disabled, education, other) of these health workers and caregivers was not available and so targeted and meaningful monitoring was not possible.

KII with monitoring and evaluation staff indicated that HPM (Humanitarian Performance Monitoring) on which most countries reported did not have any disaggregation when it was initially disseminated at the beginning of the pandemic. By June, the revised one included disaggregation of data but it was *optional.*

This resulted in uneven reporting by countries across various indicators. UNICEF COs rely on gender disaggregated data from governments that are often not available, resulting in further challenges in collecting gendered data. There is also evidence that GEM reporting in UNICEF country offices may not be uniformly understood, resulting in erroneous reporting.

4. *The <u>accountability</u> structure to mainstream gender needs strengthening: Human resource to mainstream gender is limited by the number, cadre (international/national, specialist, focal point), the scope of work at CO and clarity in understanding of gender transformative processes. In terms of decision-making–- in theory, everyone is responsible for gender processes but CO level variations included vertical reporting to Dep Reps or gender specialists working directly with thematic sections. Corporate responsibility was sought to be enhanced during COVID by instituting RiGoR especially for gender in addition to RMT and EMT. RO Gender technical support was lean but highly rated. Expenditure on Five Gender Priority Areas in COVID-19 although overall at 11 per cent (target being 15 per cent), was the second highest in UNICEF regions.*

<u>Human Resource</u>: To mainstream gender, UNICEF has several cadres of personnel: gender specialists (international positions at P4, at P3 and National Office staff)) and gender focal points. For some countries there are only gender focal points who may work in various sectors as well, hence limiting the time spent on gender issues. Only two countries have international staff which specializes on gender at P4 level. To provide an example of the paucity of gender focal points, we turn to India. India is a large country with no senior gender specialist at P4. India has decentralized to 13 field offices, where *there are no formal gender focal points*. Four field offices developed their own Gender Action Plan, focal points being of C4D, Social Policy and Education but who are gender champions.

The KII and survey findings indicate that gender specialists and gender focal points did work with other sector colleagues to promote gender integration during the pandemic with varying degrees of success. It must be noted that all of the gender specialists and focal points mentioned that they were also overwhelmed by the large number of documents and guidance documents received but were better able to navigate and use what was contextual to their situations as the pandemic matured.

Overall, there was lack of clarity about gender targeted, gender responsive and gender transformative programming, monitoring and evaluation. In the many KII and discussions as a fly on the wall, many of these words were used in approximation. The KII with other sectoral staff indicated that formal training in gender transformative concepts and framing is limited. Although, there is issue-based training on checklists, matrices, and violence to name a few, they are not framed conceptually in a gender transformative paradigm.

<u>Technical support from RO Gender Unit</u>: Gender Network was instituted to prioritize and strengthen the gender response in the region. Gender Network meetings were very frequent at the beginning of the pandemic and there was a lot of information exchange. In answer to the question to Gender Network participants (10), *What was the usefulness of gender and COVID-19 capacity events organized by ROSA*? About 91 per cent stated that it was very to somewhat useful.

<u>Decision-making processes:</u> In theory, everyone is responsible for gender. KII with gender specialists in India, Bhutan and Bangladesh indicated that they report to the Dep Reps. Clearly, this type of

accountability is desired. In some cases, a CO's thematic sections such as Education and Child Protection have staff with gender expertise who work closely with gender specialists on a range of issues (programme, M&E, etc.). **Management support** was critical for a deeper gendered response at CO as was the support from the gender focal points. Gender related staffing indicates only four international gender specialists among a total of 12 gender staff across all countries in South Asia. The biggest country India has no senior national level gender specialist. (Please see Annex XVI)

Figure 9: Online survey conducted with Gender focal points and UNICEF staff personnel

Source: Online survey with UNICEF personnel and Gender focal points:
Question: What helped your CO to work in gender and COVID-19 response?
Choose that are relevant.
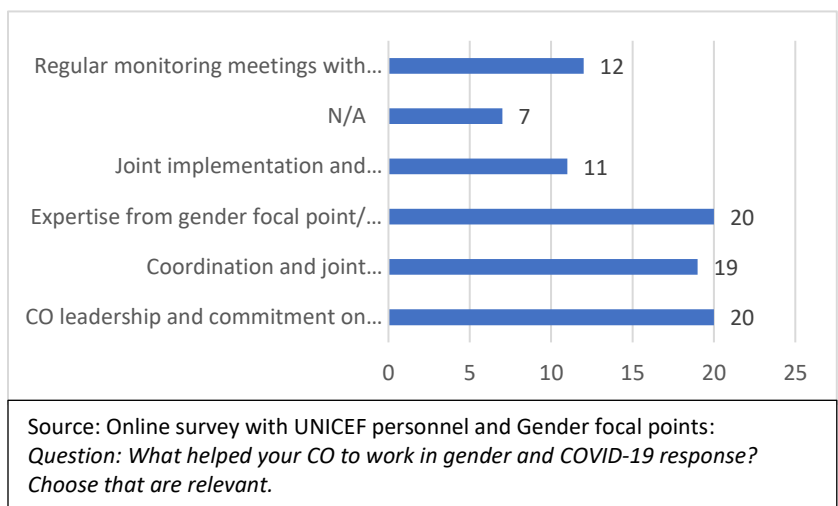
Corporate Accountability: A structural accountability measure was instituted at the regional level by strategically establishing a high-level platform, RiGoR (see Annex XII), through which gender progress (including on COVID-19) is reported to senior management, RMT and EMT (the latter with the progress monitoring).

Budget Utilization: SAR gender budget is 11 per cent, and there is scope to increase this ratio, especially considering the need for enhanced attention to issues highlighted by the pandemic such as GBViE and others.

As can be seen from the graph below, expenditures on GBV are relatively low, which may be a reflection of the types of expenditures associated with GBV prevention and response (less procurement, transport and staff costs; more community engagement and specialized service provision).

Figure 1: Expenditure on 5 key actions in per cent of total COVID-19 expenditure

Expenditure on 5 Key Actions in % of total COVID-19 Expenditure

Gender data are available, analyzed... — 0.5%
Youth and women networks — 0.8%
GBV — 1.5%
Core heatlh and education — 10.3%
Care for caregivers — 0.9%

Source: Powerpoint presentation: Gender equality impact in the COVID-19 response, TET, November 2020
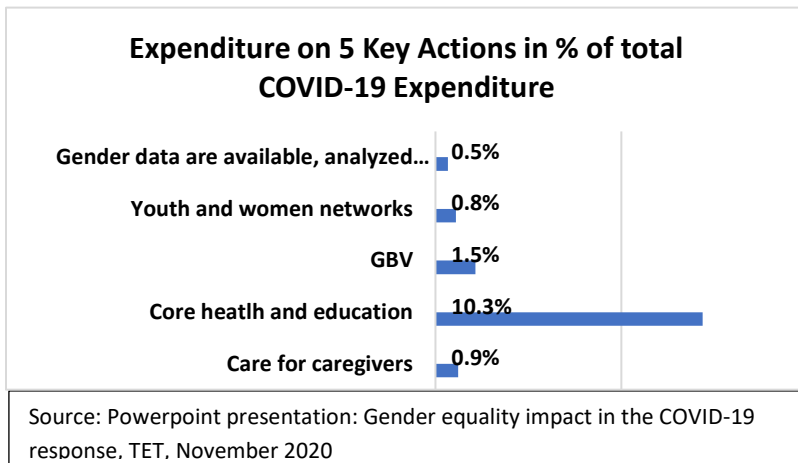
Compared to the rest of the world, the SAR region is second highest in terms of overall gender expenditure and is close to achieving the organizational target of 15 per cent budget allocation for gender programming.
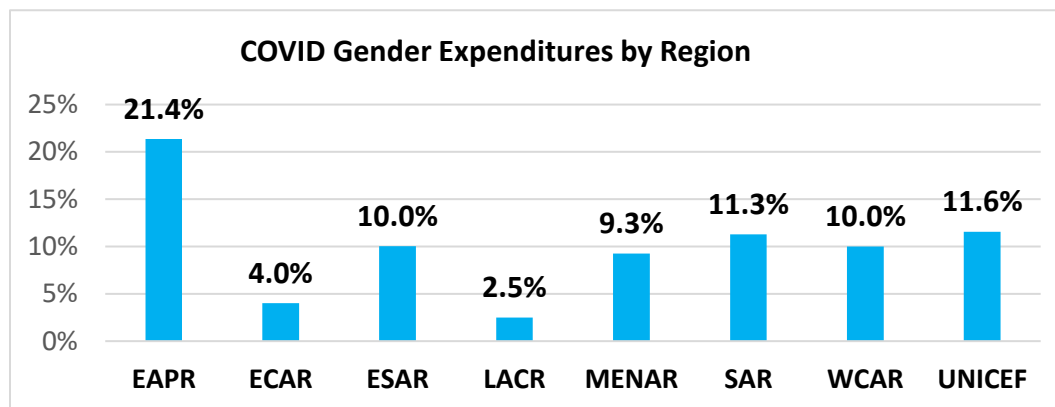
Figure 2: COVID-19 gender expenditures by region

COVID Gender Expenditures by Region

EAPR — 21.4%
ECAR — 4.0%
ESAR — 10.0%
LACR — 2.5%
MENAR — 9.3%
SAR — 11.3%
WCAR — 10.0%
UNICEF — 11.6%

Source: PowerPoint Presentation: Gender equality impact in the COVID-19 response, TET, November 2020

NOW– September 2021

5. *There is a maturity of response towards strengthened gender guidance, capacity building, and analysis of gendered results in SAR during the COVID-19 pandemic.*

Gender guidances from HQ and RO at the start of the pandemic included *Five actions for Gender Equality in the COVID-19 Response*[67] with some indicators being gendered (*see points 1, 2 and 3 above*). **By September 2021**, CCC [68] and HAC 2020/21[69] clearly indicated the need for gender programming. There was a concerted effort to institutionalize gender in the COVID-19 response with the accelerated weekly and fortnightly meetings of the Gender Network at the start of the pandemic, establishment of RiGoR, number of regional training series attracting large participation such as the Lockdown Learning Series:

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67 Five actions for Gender Equality in the COVID-19 Response
68 Core Commitment for Children in Humanitarian Action, CCC Gender Equality Overview
69 HAC 2021 emphasized national plans for preparedness and response for strong gender analysis to ensure that mitigation measures address the burden of unpaid care work and heightened gender-based violence (GBV) risks, particularly those that affect women and girls; also UNICEF's Regional Office for South Asia continued to provide technical support to country offices and partners to fulfil the Core Commitments for Children in Humanitarian Action

Gender and Evidence Function on Social Development, GBViE Learning series, and the RTE dissemination (200 + people attended).

The RTE was rapidly (i.e. with a small number of purposively sampled respondents) measuring the changing trend through regular polls with the Gender Network, in-depth consultations with country teams for the learning focused Case Studies, weekly updates with the regional evaluation and gender teams, observations from the fly on the wall meetings and participation in the RMTs and other dissemination events–- all of which indicated an increased trend towards strengthening gender capacity on gender issues. Gender and equity were being increasingly scrutinized for presence or gaps in various sectors such as WASH, adolescent frameworks, monitoring and tracker studies to name a few. The India RAM is in the process of incorporating gender disaggregation in sectors such as WASH, Child Protection and others.

CPD formulation for 2022-2025 in SAR, currently underway, is addressing the need to have precise gender transformative indicators that include social norm change, specific indicators for GBV (including for VAC, IPV) as well as a clear articulation of the issues, outputs and indicators. Along with this, capacity building efforts, guidances in 2021, feedback loops, support from RO and conducting the RTE has to some extent succeeded in operationalizing the gender scale (*see Figure 3*) through awareness, discussions and practical application (case studies).

It is important to note that the ROSA Gender section is very lean with one Gender Advisor who manages a huge portfolio with temporary support from interns and consultants as needed, and provides gender guidance to one of the most populous regions covering some of UNICEF's most complex country programmes in the world.

3.1.2 Gender in Response Plans (up to October 2020)

Deliverable One: KEQ 2: *To what extent do the response plans at programme, policy, advocacy levels reflect gender analysis, equality issues or awareness of gender-based vulnerabilities with special reference to COVID-19?*

The Response Plans were analysed based on the guiding document titled 'List of gender indicators related to COVID-19 monitoring', issued by UNICEF HQ in June 2020 and distributed across UNICEF Regional and Country Offices. It should be noted that the guiding document does not require disaggregation by sex, age, and other criteria, except for types of rights holders (such as 'children', 'women', 'parents', etc.).

Most of the Response Plans during COVID-19 neither provided disaggregation by groups of rights holders nor contained details on support required by young girls, children with disabilities, women subject to gender-based violence, female-headed households, and most economically vulnerable, etc., making it difficult to fully target these groups. (See Annex XIV For an analysis of country and regional Response Plans in 2020).

Gender disaggregation in SitReps and SES are not available at all or available for some indicators and not for others, resulting in sketchy and uneven data analysis related to gender

<u>Inter-sectionality indicators are limited</u>. Besides sex and age disaggregation there are no indicator points for other vulnerabilities. For example, Nepal and Bangladesh have a large migrant population, Bangladesh and Afghanistan have large refugee populations – there is no disaggregation regarding such clearly vulnerable populations.

3.1.3 Data Disaggregation in Socio-economic Impact Surveys (up to October 2020)

> Deliverable One: KEQ 3: *To what extent is the COVID-19 socioeconomic impact data disaggregated by sex, age and disability? What mechanisms are available to analyse the data with a gender lens and provide real time feedback loops to programming?*

Based on the agreed methodology, the SES were also analysed based on the 'List of Gender Indicators' guidance.[70] It should be noted that in case of SES, the guiding document does not require disaggregation by sex, age, and other criteria, except for the indicator on 'alternative education system used by government / proportion of children' (disaggregated by sex), and that GBV- and maternal health-related criteria are the only ones containing reference to gender.

Socioeconomic data on the impact of COVID-19 on the *general* population was collected in a timely and regular manner and analysed. In many cases, the data, however, lacked disaggregation by sex, age and disability, perhaps because of the emergency nature of the data collection. Overall, during the desk review the RTE team has not found evidence of systematic use/adaptation of SES data to plan, inform and adapt programmes, although the key informants noted the usefulness of the data for COVID-19 programming

Some key informants shared the fact that disaggregation-related survey questions were not asked due to time shortage. In addition, some interviewees believe that the emergency nature of the situation prompted UNICEF to focus on immediate response, without analysing nuances on gender, disability, age, etc. As a result, gendered data was minimally available and therefore had challenges for use.

Overall Summary:

THEN October 2020

Overall, the preparedness during the COVID-19 indicates that guidance documents for gender were received timely. cOs over time became skilled at adapting them, although COVID-19 reporting was complicated with the overlap and multiplicity of indicators required. Limitations in gathering disaggregated data were due to a variety of reasons, including lack of such data from governments, reliance on third party vendors, urgent need of rapid data collection and digital access bias that was unfavorable to girls and women. It is difficult to highlight missed opportunities when staff were overwhelmed to respond to shifting emergency contexts. Capacity building, gender networks and the recent high-level accountability mechanism such as RiGoR indicate a commitment for greater gender transformative programming and evaluation. However, response plans were not able to explicitly target the most vulnerable and

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70 UNICEF. "How to" checklist for gender integration into COVID-19 socio-economic impact assessments and response plans. 2020

marginalized because of the limited disaggregated and inter-sectional data available, and therefore, limited gender analysis which coupled with the speed by which the context was changing, any in-depth thinking on how the response measures could lead to more transformational change on gendered norms, roles and responsibilities was challenging. Similarly, the SES data was limited in providing evidence that was both disaggregated and targeted towards the most vulnerable. The latter is significant because reports from the countries indicated that gender responsive programming (and budget), monitoring and evaluation needed a high level of prioritization, highlighted during the pandemic with increased gender violence, difficulty by girls and women in accessing health and education services, addressing the needs of caregivers, and mobilizing the hard-to-reach sections of the community.

Management Response March 2021: The Gender and Immunization Practical Guidance rolled out for the COVID-19 vaccinations, had a clear focus on gender; plans for the next phase of GBViE and GEM training incorporating the RTE suggestions were developed; case studies for selected countries were to be developed as a learning tool (rather than best practice) for gender transformative processes; wide dissemination of findings from RTE was suggested for management and all internal UNICEF staff; and engagement with the Data Working group to incorporate gender and inter-sectional data in programme monitoring was planned.
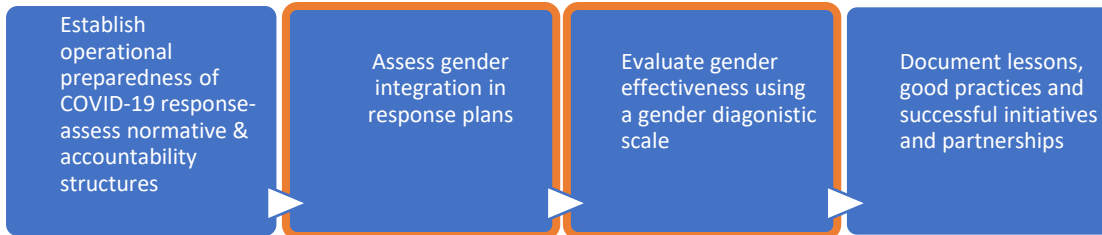

NOW September 2021

CO were able to create their own gendered guidance documents and RO developed frameworks and matrices to incorporate gender more systematically. HAC budgets became increasingly gendered and Response plans were able to address gender concerns such as GBV, VAC, mental health and continuity of care challenges. SES data became more adept at creating hybrid protocols (remote and community based) to capture gendered data and the SES portal added buttons for gender and disability. The relationship between the particular vulnerability of girls, women and the most vulnerable (leave no one behind) with the COVID-19 pandemic was clearly established and an increased focus on reviewing indicators to precisely monitor gendered changes in equity on the gender scale towards greater gender transformation was initiated (*See the following sections on gender integration and effectiveness findings for the first six months of 2021*).

In terms of **relevance**, the normative frameworks and accountability structures were mostly relevant for gender and equity responses and the response plans less so. Because there were gaps in disaggregation by sex, age, and disability, the available data for analysis and use was limited for addressing gender and equity in programming (*See the conclusion section for more details*).

3.2 Gender Integration and Effectiveness – March 2020 to June 2021

Following the Operational Review, the Gender Integration review aimed to answer the overarching question 'assess the extent to which gender was integrated into the response measures during COVID-19' and the overarching question for Gender Effectiveness was 'assess the effectiveness of the gender integration'. The period of study was from March 2020 to June 2021.

Figure 12: RTE Deliverables (October 2020 to September 2021)

Establish operational preparedness of COVID-19 response-assess normative & accountability structures	Assess gender integration in response plans	Evaluate gender effectiveness using a gender diagonistic scale	Document lessons, good practices and successful initiatives and partnerships

Specifically, the Review aims at answering the following questions as per the evaluation ToR:

For **Gender Integration**:

KEQ 4 To what extent were specific gender concerns relevant to COVID-19 integrated into continuity of care services, education, health and preparedness for increased GBV? To what extent was there a special focus on adolescent girls?

KEQ 5 RO and CO focus: To what extent were RO and Cos able to actively support existing networks of women and youth as well as various social and community platforms to remain connected, exchange information and be inclusive so that women and girls could meaningfully participate?

KEQ 6 To what extent was CO able to actively dialogue with host governments on gender equality issues and plan joint responses?

For **Gender Effectiveness** (using the gender scale where possible):

KEQ 7 CO and RO focus: To what extent was gender integrated and what difference did gender integration at RO and CO make in the achievement of planned results and outcomes and what were the gaps? To what extent were the responses gender transformative?

KEQ 8 To what extent was UNICEF supported or generated gender focused evidence and advocacy able to influence government COVID-19 programming?

KEQ 9 What was the impact of more or less budgets available for gender programming on gender results?

3.2.1 Gender Integration Findings

The findings for these key questions are available from the following data: a) Analysis of country level 2020 RAM data and other progress monitoring data; b) Perception polls by gender specialists and gender focal points of the Gender Network in October 2020 and June 2021; c) Survey of UNICEF staff and gender focal points/specialists d) KIIs of government officials, UNICEF staff, Implementing partners (NGO or CSO) and Inter-agency; and e) analysis of documents and strategies.

> Key Question Four: To what extent were specific gender concerns relevant to COVID-19 integrated into continuity of care services, education, health, preparedness for increased GBV? To what extent was there a special focus on adolescent girls?

Overall Key finding: Gender has been integrated in all sectors with some sectors such as GBV, education and health receiving greater attention, community engagement being accelerated, and caring for caregivers receiving less attention. Lack of consistency and completeness of reporting, on gender related data was a barrier to assess the extent to which gender concerns were integrated across all the COVID-19 priority areas.

Gender and COVID-19 Indicators in Result Assessment Module

To triangulate data, and with an assumption that ROSA cOs would report on the integration of gender considerations in their 2020 annual reports, the RTE team analysed cOs 2020 Result Assessment Module (RAM) data against the guiding document titled 'List of Gender Indicators related to COVID-19 Monitoring' issued by UNICEF HQ in June 2020 and distributed across UNICEF Regional and Country Offices.

Traffic light codes indicates completeness of reporting on the indicator: Red denotes the weakest reporting; yellow indicates mixed responses; and green indicates that all CO have reported gender/sex disaggregated data as per the indicator.

Table 9: Summary of Findings: analysis of RAM documents against gender and COVID-19 indicators (2020)

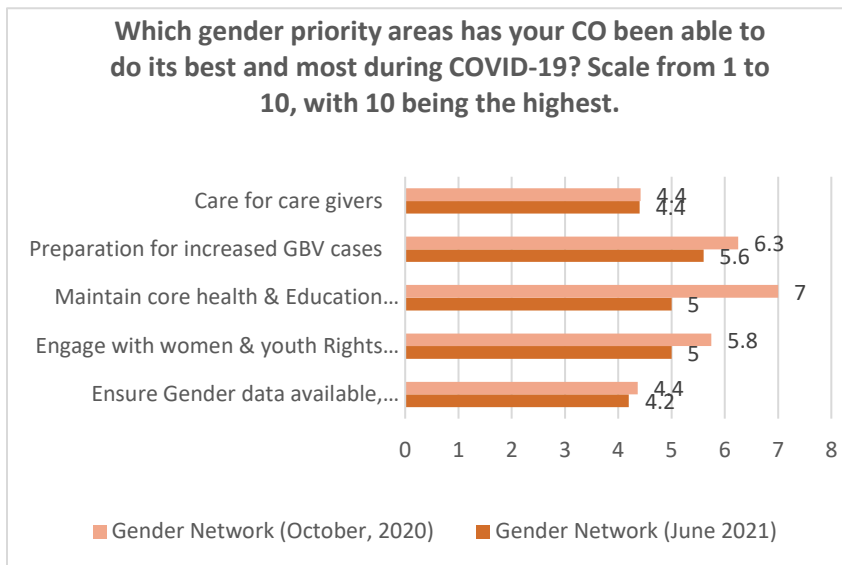| Gender priority action in COVID-19 and Gender CCC	Indicator/ Question	Findings
Caring for caregivers CCC GE3: Gender-responsive programming, including a lens on adolescent girls	Number of frontline workers- health providers, teachers- receiving childcare and health services (disaggregated by sex)	Four out of eight cOs provided some narrative on the indicator; however, respective sex-disaggregated numbers were not provided. For example, Afghanistan CO noted capacity building activities for frontline workers and interventions to recruit more female frontline workers in polio, MCH, nutrition and child protection; Bangladesh CO informed that the capacity building for frontline workers was put on hold due to COVID-19. Bhutan CO noted on Women and Children Committee members trained in all 20 districts on the GBV SoP; and Nepal CO continued capacity building of female community health volunteers, child protection services, and gender focal point/teachers in schools to sensitize women/girls on harmful social norms and practices. India, Maldives, Pakistan, Sri Lanka cOs have not provided data.
End gender-based violence CCC GE1: Ending GBV	Number of UNICEF-targeted women, girls and boys in humanitarian situations provided with risk mitigation, prevention or response interventions to address gender-based violence through UNICEF-supported programmes	Afghanistan, Bangladesh, and Bhutan cOs provided sex-disaggregated data. India, Maldives, Pakistan cOs provided total numbers (without disaggregation). No data was provided by Nepal and Sri Lanka cOs.

Education and health CCC GE3: Gender-responsive programming, including a lens on adolescent girls	Births delivered in a health facility (add qualitative element, and specify UNICEF-supported)	India and Pakistan cOs presented qualitative element together with data on the number of births. Nepal and Sri Lanka cOs provided qualitative element, although the data does not indicate number of births. Maldives CO did not provide data.
Education and Health (continued)	Number of adolescent girls benefiting from specific interventions to support learning, skills building and alternative learning platforms	All cOs provided sex-disaggregated data on the indicator.
Women and youth groups engagement CCC GE2: Community engagement and AAP with girls and women	Number of adolescent girls and boys who participate in or lead civic engagement initiatives, including online, through UNICEF COVID-19 supported programmes (combine with building back better) (disaggregation)	Six out of eight cOs provided sex-disaggregated data on the indicator. Data provided by India CO in RAM has not been disaggregated. Maldives CO did not provide data, however, the office reported that 95,000 persons (24% of target; not sex-disaggregated) were reached by COVID-19 messaging.[71]

Care for caregivers

RAM data indicated that *the least reporting by countries was on Care for Caregivers*. The findings correspond to the perception data collected from UNICEF gender focal points and specialists at the inception phase of the RTE,[72] as well as six months later[73] whereby care for caregivers was deemed as the one that received less attention than the other programme priorities (*see Figure 13*).

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71 UNICEF ROSA. Gender Equality and COVID-19 Responses. Annual Report 2020. p.14
72 A real-time poll collected responses from 10 UNICEF personnel representing eight ROSA COs at a Gender Network meeting in October 2020.
73 A real time poll collected responses from 12 UNICEF personnel representing eight ROSA CO at a Gender Network meeting in June 2021.

Figure 13: Which gender priority areas has your CO been able to do its best and most during COVID-19? Scale from 1 to 10, with 10 being the highest.

Which gender priority areas has your CO been able to do its best and most during COVID-19? Scale from 1 to 10, with 10 being the highest.

- Care for care givers — 4.4 / 4.4
- Preparation for increased GBV cases — 6.3 / 5.6
- Maintain core health & Education… — 7 / 5
- Engage with women & youth Rights… — 5.8 / 5
- Ensure Gender data available,… — 4.4 / 4.2

(Scale: 0 1 2 3 4 5 6 7 8)

■ Gender Network (October, 2020)   ■ Gender Network (June 2021)

It was noted that capacity development (teacher education and training) was resumed after some delay related to the onset of the pandemic. A respondent in the survey explained ''66 per cent of the teaching force are women who had to combine participation in the training programme with traditional gendered responsibilities, such as household chores (mostly living at in-laws' families), child rearing, caring for elderly and sick. etc.'. According to the respondent, there has been no assessment of this impact on the teaching force, in the context 'where women have relatively little support and control'.

ROSA reported in the Annual Report 2020[74] data on 'number of children, parents and primary caregivers provided with community based mental health under the gender priority area of care for caregivers' which is gender wide, i.e., the indicator includes children and adults in one category and is not sex disaggregated. Although targets were achieved or exceeded in seven out of eight countries, from the indicator, it is not possible to determine the extent of gender integration. KIIs from UNICEF mentioned that with reference to priority areas, care for caregivers was not a priority for gender integration.

Gender-based violence

All countries have **prepared for increased GBV** by risk mitigation, prevention, support services, enhancing capacity at the community level and strengthening CO's capacity to manage the service response. However, data has not been consistently and completely reported by countries.

Gender based violence has been addressed in all countries as indicated by perception polls, online survey, KII, document review. However, RAM data from some countries is not available regarding numbers of women, girls and boys targeted (*see Table 9*).

The online survey, carried out by the evaluation had three questions related to GBV risk mitigation, GBV Prevention and GBV Survivor Support Services. and the most increased attention, according to the consolidated survey respondents[75], was GBV Risk Mitigation Programme (61 per cent).
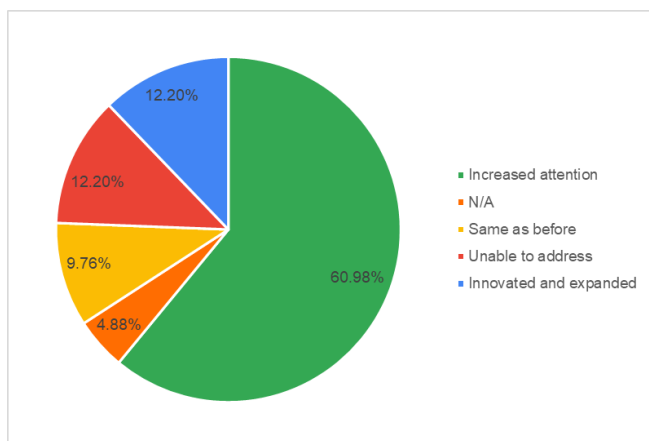
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[74] https://www.unicef.org/reports/country-regional-divisional-annual-reports-2020/South-Asia
75 41 respondents – 13 gender focal points/specialists and 28 CO UNICEF staff

Figure 14: Online survey response with gender focal points and UNICEF staff personnel

In addition, other GBV related areas, such as *GBV Prevention Programme and GBV Survivor-centred Services* were selected by the survey respondents[77] as those that also received increased attention (by 51 per cent each). This also corresponds to the results of the RTE inception phase poll (October 2020) and the same poll held six months later in June 2021, whereby consulted UNICEF personnel indicated that GBV (and maternal health services) were the areas where cOs did its best and most during COVID-19 (*see Figure 4[78]*).

An analysis of SES data corroborates the above findings, with all but one country able to increase the GBV risk mitigation. Provision of friendly spaces and support services did see different levels of drops in several countries as a result of COVID-19.

Figure 15: As compared to this time last year, what is the approximate level of COVID-19 related changes in coverage of child protection services nationally?
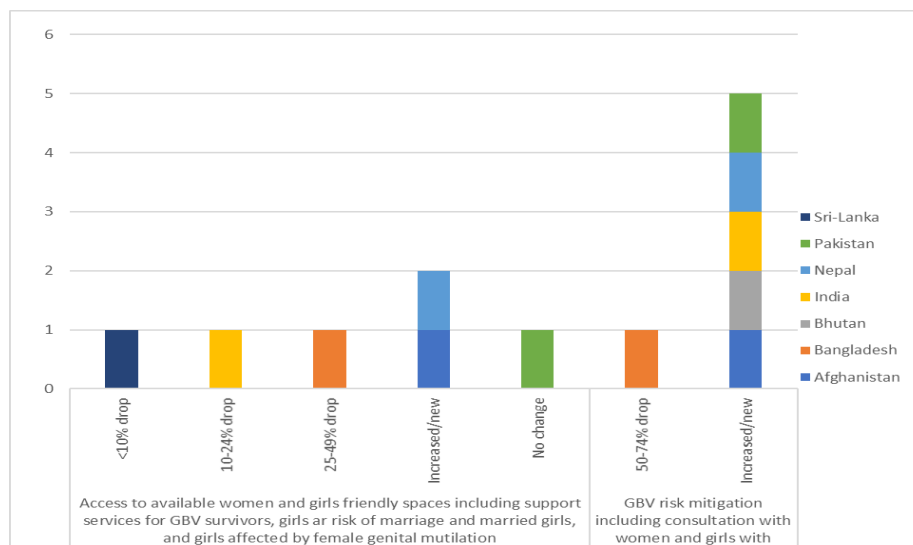
Source: Tracking the situation of children during COVID-19, May 2021

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76 An online survey conducted with UNICEF personnel working on COVID-19 and gender, and country offices gender focal points

77 Ibid.

78 A real-time poll collected responses from 10 UNICEF personnel representing eight ROSA COs at a Gender Network meeting.

Data from the Gender Equality and COVID-19 Response, Annual Report 2020 related to 'number of children and adults that have access to a safe and accessible channel to report sexual exploitation and abuse' is gender wide and was reported by only four countries, all of whom met or exceeded the targets.

There are many descriptive examples in the secondary data sources, including the Annual Report, and by KIIs about the many ways in which gender has been integrated in GBV. Children and caregivers were provided community based mental health support and output targets were reached or exceeded. Afghanistan provided sex disaggregated reach data and Bangladesh mostly reported disability and vulnerability disaggregated data.

An in-depth GBViE learning series was successfully completed by UNICEF staff (66) and government and CSO representatives (22) and had a very favourable evaluation.[79] A poll carried out by the evaluation among gender focal points and specialists in June 2021 also emphasized a relatively good integration of GBV in programming   by CO and RO (*See Figure 16 below*).

Education and Health

Data on Continuity of health services was available during COVID-19 but most of the health indicators were found gender blind or gender wide (including children and women in one category). Maternal health data is gender targeted and available. In terms of maternal health, RAM indicator of overall births (not by gender) in UNICEF supported facilities is available in seven out of eight countries. Some countries have also provided qualitative data.

With reference to education, the ROSA education team supported country offices in preparing COVID-19 response plans for distance learning, as well as the education strategy for Cox's Bazaar. Preliminary gender analysis was available across all countries. Robust surveys were available in Sri-Lanka, Pakistan and India.

Related to learning, in RAM, all countries reported sex disaggregated data on number of adolescent girls benefiting from specific interventions related to learning (*see section on special focus on adolescent girls*).

On the online survey, in terms of both core health services and access to education services for girls and women, the UNICEF staff and gender focal points indicated that about 51 per cent received increased attention (*see Annex VIII for more details*). Some UNICEF personnel however noted that 'the area of services related to maternal and child health was not addressed (facility delivery reduced to 50 per cent), and that the female vaccination is less than 50 per cent of that among men'. UNICEF personnel also mentioned that 'the spotlight was on the gendered digital divide in access; teleworking has increased the workload for women in "double burden" home schooling, cooking cleaning etc'.

Also, the perception poll above indicates the same emphasis on these services, especially at the beginning of the pandemic with gender focal points and specialists scoring the core health and education services the highest at 7 out of 10. This aligns with another poll about CO strengthening regional gender priorities, learning and primary health care (along with GBV) having some of the highest scores.

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79 UNICEF ROSA GBViE Learning Series, Executive Summary.

To what extent has your CO been able to integrate and strengthen the gender response on the regional priorities? Please scale from 1 to 5.

Category	Value
Water/ Infection Prevention and…	2.2
Primary Healthcare	3
Learning	2.8
Mental Health/ GBV	3
Women's Group Community…	2.8
Data	2.5
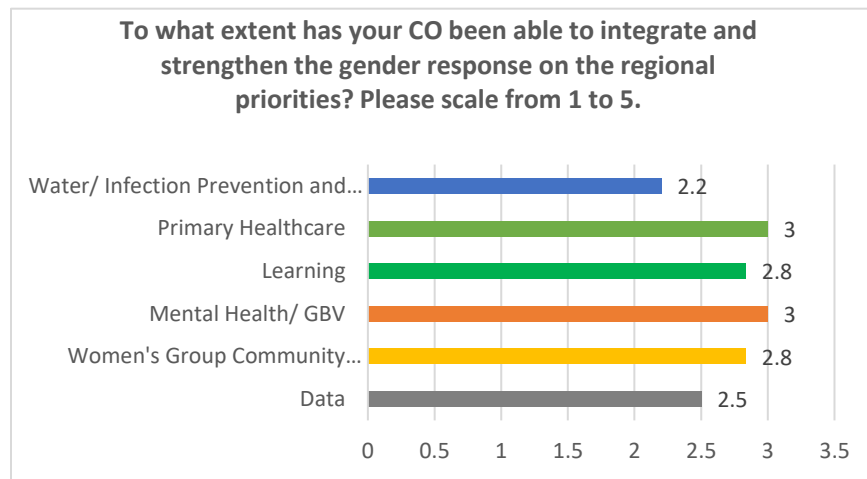
Secondary data is available for number of people reached with critical WASH supplies, health care staff trained in infection control, women and children receiving essential health care (e.g., prenatal, newborn, immunization and childhood disease treatment) and is either gender blind or gender targeted because of women's biological role. It is not clear from the data how such services targeted or addressed barriers that addressed the specific needs of women and girls during the pandemic. It is noted that some KII respondents stated that more female community staff were recruited during the pandemic in some countries to ensure easy access to women in the community.

One example of gender integration in health is the UNICEF gender and immunization guidance and checklist. ROSA developed the gender and immunization training package[80] to anticipate and address multiple considerations around access to vaccines as well as safety of health care workers administering the vaccine. The immunization practitioner guide effectively integrates the gender perspective during immunization considering gender analysis, gender norms, roles and relations.

In terms of learning, all eight countries worked towards the objective of supporting children with home-based learning and four out of eight countries following safe school protocols, which also have gender related guidelines. Community based education was provided in all the countries targeting girls. However, both qualitative evidence and data indicates that girls were adversely affected more with remote learning than boys and that boys were also under pressure to earn money.

Challenges included unavailability of or constraints in capturing gendered data, priority for service delivery rather than collecting gendered data, limited number of gender reporting requirements in humanitarian conditions or a combination of the above. These challenges may have resulted in a) inaccurate tagging and reporting of gendered data b) differences in understanding and reporting by gender focal points and specialists as compared to programme, M&E persons and c) confusion with multiple and overlapping data reporting needs for COVID-19 related priorities, gender priorities at regional, global and humanitarian levels. There is little evidence that the most vulnerable – Leave No One Behind – were targeted and reached.

Women and youth group engagement:

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80 Update Regional Office for South Asia: Gender Equality in COVID-19 Response, October 2020

Data from RAM, KII, annual reports, online survey and secondary documentation suggests that UNICEF community engagement, including work with women and girls' networks and community platforms, increased exponentially during the pandemic to reach people, communities to provide services and communicate information about COVID-19 and other issues. But KIIs both internal and external stated that gendered responses that address norms and social change need much strengthening. Merely including and targeting girls, women, boys, without inter-sectionality, is not enough to deliver norm change at outcome level. UNICEF does not work directly with communities and is dependent on implementing partners who vary in size, scope, and level of gender and equity expertise. UNICEF does not benchmark gender-related capacity and expertise of IP which has implications for UNICEF working more strategically with IP for gender integration and transformation at community level.

Seven out of eight countries have reported the relevant RAM data, with six countries providing sex disaggregated data. About 40 per cent of all survey respondents[81] stated that support to local women's groups and youth networks has received increased attention and 24 per cent mentioned it has been expanded/ innovated. This indicates a concerted effort to engage these community-based platforms and networks. (See Annex VIII for more information)

A complete list of UNICEF's work with the various networks provides ample data regarding engagement with women and youth networks. (See Annex XV for more information)

Special focus on adolescent girls

UNICEF had a clear programmatic focus on adolescent girls and to understand their special needs, girls' networks were consulted and U-surveys were targeted to reach them.

Countries such as Bangladesh, India and Nepal are sharpening the focus on **adolescent sexual and reproductive health**, which is critical in anticipation of increased child marriage, domestic violence and other protection concerns.[82]

RAM data uniformly reported on the number of adolescent girls benefiting from specific interventions to support learning, skills building and alternative learning platforms. However, South Asia region has large gaps in collecting data on adolescents[83] and the Adolescent Girl Vulnerability Index has captured large data gaps exclusively for girls for the age groups 10-14 and 15-19 across health, education, and other areas. It is noted that there are no community-level indicators available in DHS and MICS surveys related to social capital, social networks, social cohesion, and other critical community level indicators. These are important for agency, structure and normative change.

U Reports made a concerted effort to engage adolescent girls and to disaggregate the data. The U-Report South Asia was opportunely launched at the beginning of COVID-19 and conducts digital poll with the age group 10 to 35+ years, but it targets mostly adolescents and young people between 15-24 years across

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81 The survey was open from 1 March till end of April 2021. The data in the current draft takes into account 20 responses (as of 30 April, there are 28 responses) and 13 gender focal points.

82 Update Regional Office for South Asia: Gender Equality in COVID-19 Response, October 2020
83 D4A Data Update and Data Gaps Index, ADAP, presentation by Daniel Reijer May 2021

the South Asian region. The polls are translated into different local languages of South Asia and communicated through social media platforms such as Facebook and Instagram ads. Although gender parity was difficult to achieve in all the polls (conducted every two months), a conscious effort was made to target girls. However, it must be noted that there is a digital divide that favors girls and boys with access to digital media directly or indirectly.

The strategies of reaching out to adolescent girls, women and youth networks was generally coherent, though not nuanced enough for gender transformative change and lacked inter-sectionality such as targeting ethnic/disabled/migrant women's networks or the meaningful involvement of boys and adult influencers. This was confirmed through the surveys and KII.

Gender and Disability

Most UNICEF country offices in South Asia were found to be supporting mental health and psychosocial support interventions. These were often based on needs indicated by local partners, and it was not clear in the regional report if all cOs were working to proactively identify needs. A parallel real-time assessment on mental health support services in SAR found that not all mental health needs assessment data are disaggregated for age and gender, and less attention is paid to specific needs of children with a disability and/or mental health condition.[84]

Identifying the most vulnerable–- LNOB

The RTE also attempted to address LNOB within the gender priority areas, as it is a critical component for gender and equity related programming. There is evidence from the various data sources about the gaps and challenges in reaching the most vulnerable during the pandemic. The online survey had an option for respondents to choose if the CO or RO was unable to address any of the gender priority areas and therefore not reach the most vulnerable.

For all the gender priorities, in the online survey, about 10 per cent respondents stated that UNICEF was 'unable to address'. This finding is notable as it was consistent across all gender priorities: responding to specific needs of female teachers (10 per cent) and female health workers (10 per cent), GBV survivor centred services (10 per cent), core health services for girls and women (12 per cent) and access to education for girls (10 per cent). Also, about 12 per cent respondents stated that local women's groups and youth networks could not be addressed to connect and provide information flow. In terms of the regional result areas, some respondents have also mentioned that the result areas could not be addressed (*see Figure 7*). These findings align with the RTA (Real Time Assessment) assessment[85] (*see next paragraph*).

Government and implementing partners consulted[86] assessed the extent to which UNICEF contributed to Government's ability to identify, target and reach the most vulnerable and excluded populations, as 7.3

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84 UNICEF global synthesis report for the RTA on COVID response (p.20) Real-Time Assessment of the UNICEF Response to COVID-19: Global Synthesis Report, June 2021. https://evaluationreports.unicef.org/GetDocument?fileID=18263
85 Real Time Assessment of the UNICEF South Asia of the COVID-19 Response, January 2021
86 The RTA COVID survey engaged 61 stakeholders from eight countries in South Asia and took place within the Real-time Assessment of UNICEF COVID-19 in the region.

on a scale of 1 to 10 (where 1 = low and 10 = high). The extent to which the needs of the most vulnerable have been met in the responses supported by UNICEF, were rated at 6.9. When asked about the groups that are in most danger of being 'left behind' or are the most vulnerable, 3 (5.4 per cent) out of 55 stakeholders' responses referred to women, girls (i.e., related to gender).

> Key Question Five: RO and CO Focus: Have existing women's networks, social and community platforms, youth networks been supported and activated to ensure connectivity, information flow and participation of women and girls?

Key Finding: As a programme strategy, women and girls' networks and other community platforms were specifically supported by CO and RO, to reach the community to provide services and communicate information about COVID-19 and other issues. However, implementing partners have different levels of gender and equity understanding and expertise to implement gendered programmes **which will challenge equity related sustainable programming with the community.** The interface between gendered emergency and development programme within UNICEF indicates that overnight change for transformation was not available before the pandemic as well. This means that gender related transformative practices (and not just gender targeted) need to be available *before* the pandemic to ensure sustainability for future gender responsiveness. By strengthening IP and community platforms, there is potential for gender and equity related programme sustainability.

One of the major learnings was that technical expertise, networks and resources of local partners. networks can be leveraged for remote data collection and interventions, provided that these collaborations were available from the start. The different networks and their initiatives are outlined in Annex XV. (Also see poll questions, RAM and survey data in section on women and youth network engagement) [87]

KII with IP or implementing partners indicated different capacities to address gender related implementation. IP include a diversity of organizations such as INGOs, NGOs, Community based organizations and networks.

HOMENET South Asia

HomeNet South Asia a regional network of home-based worker organizations representing 900,000 worker voices of which 95 per cent are women, in collaboration with UNICEF developed a 'Violence Against Women Home Based Workers During COVID-19 Pandemic in South Asia' package in seven different languages used in South Asia. The VAW training package and communications campaign equipped women home-based workers and their organizations to build a violence-free institutional and community space. For HomeNet, the dialogue with UNICEF enabled them to <u>for the first time</u> explore the issue of VAG among its vast membership.

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87 See list of community networks in Annex VIII

Moreover, Home Net South Asia is continuing their work to build multilingual communication tools that are tailor made to home based workers in South Asia[88].

Notable programmatic examples by implementing partners include Homenet's work on VAG, the scouts (including girl scouts) dissemination of COVID-19 messages in Nepal, safe spaces for girls in Afghanistan, community of action (CoA) by adolescent girls in South Asia, and the India Office RCCE team work with digital empowerment community platforms to disseminate COVID-19 appropriate behaviour and social and discrimination related messages. These activities were on target or exceeded them, and included the participation of the community and provided information on COVID-19 and other health or education knowledge. From the secondary data, either women or girls were targeted or messages/participation were tailored for women.

A monitoring and assessment strategy included the involvement of communities and especially women to gather data with a notable example in India where partnership with the CSO enabled rapid assessment, Community based monitoring,[89] using a purposive, stratified sampling frame to reach the most vulnerable. Although this was intended as a data gathering exercise, it is likely that the involvement of community women to gather data was in itself empowering. This is an excellent example of gender integration for change; however, it may not have been reported as such. The RTE stumbled upon this example during a UNICEF presentation.

> Key Question Six: Have gender equality issues been actively promoted in dialogue and joint COVID-19 response planning with the **host governments**?

Key Finding: UNICEF, by itself or with partners, actively promotes and contributes to gendered dialogue with the host governments for issue-based campaigns, policy recommendations and use of data. Upstream work with the government in theory is coherent and connected with the added value of UNICEF's gender programming. It is mostly coherent and connected with other UN agencies government and development partners, each agency having its own comparative advantage related to gender.

Data from KII respondents and secondary sources indicate multiple engagements with the government and work with various government departments, sometimes collaboratively with other UN agencies and partners, to inform host governments about gender and equity issues during the pandemic. A list of all these activities have been compiled.[90] SES data does not provide information regarding gender mainstreaming with government and it appears that there is no systematic tracking of UNICEF's engagement in gender mainstreaming with the government. Dialogue with the **government** and work with various government departments, sometimes collaboratively with other UN agencies and partners

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88 Concept Note: Gender And COVID-19: Participatory Research To Map Channels For Effective Communication

89 Undertaking rapid assessments and real time monitoring in the COVID-19 context: Lessons from UNICEF South Asia, presentation by UNICEF ROSA 3 June, 2021 Global event
90 Government and UNICEF COVID-19 response

has many examples of supporting gender data gathering and analysis but it is largely self- reported and there is no independent measure to ascertain contribution by UNICEF.

Some examples are noteworthy. CO have supported government partners to carry out rapid assessments, such as in the heavily hit Herat region of Afghanistan, which specifically include sex disaggregated data as well as tabs on gender statistics regarding access to information and services related to COVID19. Another example is from Maldives, where many efforts were made to reach girls and boys such as the national campaign on sexual violence with the government support – this is noteworthy in a relatively conservative society. One more example is the targeted protection cluster response in Nepal reaching more than 90,000 people (34,200 from UNICEF). Bhutan government was able to roll out SOPs to operationalize a new GBV law across the country supported by UNICEF and UNFPA.

KIIs with government officials in three countries have confirmed the involvement of UNICEF with host governments for COVID-19 response planning. There was some concern regarding the limited reach and scope of UNICEF's work, whether gendered expertise was similar to that of specialist UN agencies in the same country, and whether UNICEF (unlike governments, volunteer organizations) could reach the most vulnerable as they do not work **directly** at community level. Gender dialogues have also occurred in silos with respective departments, with UNICEF missing opportunities to link with other inter-agency projects or extending its coordination role to other initiatives that could strengthen the gendered response. Government officials appreciated the role of upstream work rather than downstream work which they felt was small, fragmented and with fixed timelines. Since the UNICEF response was adaptive during the COVID-19 response, rather than new, gender integration was mostly an extension or with added components of previous work.

In terms of **coherence and connectedness,** the UNICEF's programmes with IP, UN agencies and government, were generally coherent, though not nuanced enough for gender transformative change.

3.2.2 Gender Effectiveness

The overarching question was 'to what extent were programmes gender transformative? How **effective** was the integration?' The RTE covered the first 15 months of the COVID-19 response programming and being a pandemic response, there are limitations regarding whether one can address effectiveness in terms of changes in outcomes in such a short period. Most of the programmatic responses were hybrid, swiftly put together, adjusting existing programmes to respond to the urgent needs of the pandemic. This observation is triangulated by the 'increased attention', 'expanded and innovated' responses across the gender priority areas on the online survey. In other words, reporting on COVID-19 programming responses stopped at activity and output levels[91]. This also means that analysis of findings would be applicable at the nexus of humanitarian-development programming since most initiatives were adjusted to respond to the pandemic restrictions on mobility and the various issues that took precedence. RTE explored reviewing the GEM scores to assess gender effectiveness in the Inception Report but as stated in the limitations section of this report, it was not possible to do so as there were anomalies in the reporting of the GEM scores in some countries.

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91 The mapping of Gender and COVID-19 response, 2020

To address the effectiveness question in terms of the gender response with the caveats mentioned above, the RTE took the approach of addressing what happened (the past as reported through documents), and to address the future of being more gender effective. The following data points were used: a) Secondary data to illustrate what was reported and what data could enable a better understanding of gender effectiveness b) Analysis of RAM data (which are not necessarily outcome oriented) including its qualitative data using a gender transformative lens to provide insight into effectiveness (forward looking) c) KII interviews to understand stakeholders' perceptions of past effectiveness and suggestions for the future[92], d) Online Survey – relevant questions for this section and d) Case studies (three country level and one regional) using a gender lens to take a deep dive into the past programming/reviews, and do a gender analysis to inform the future how to strengthen the gender response. By looking at the future, the case studies are expected to be a learning tool (rather than the conventional best practice case study) for engendering initiatives.

The three KEQ related to gender effectiveness are analysed in the following sections.

> Key Question Seven: To what extent was gender integrated and what difference did gender integration at RO and CO make in the achievement of planned results and outcomes and what were the gaps? To what extent were the responses gender transformative?

There are two key findings related to the above KEQ.
Key finding 1: Gender integration data, where available, includes results in the form of targets, activities and outputs but lacks outcome (change related) data.

Key finding 2: Responses are gender targeted or gender sensitive at best, providing descriptive evidence of inequities but are not gender transformative. There is varying conceptual understanding of the gender scale and what constitutes gender transformation, leading to less-than-optimal tracking and use of gendered inter-sectional data as well as effectively using internal operating systems to synergize planning, implementation, and evaluation of gender outcomes across all sectors.

Effectiveness of Gender Integration: Analysis of data

To assess **the effectiveness of gender integration**, secondary data was reviewed to analyse the extent of outcome related data available, for example, regarding gendered changes in behaviour, practice or use of data to inform change.

i)   The Gender Equality and COVID-19 Responses Annual Report describes targets reached in all countries e.g., in cash transfer, food aid and the like. Well reported were output and activity data on **Water Infection and Prevention Control** from India (separate sanitation facilities for girls and boys), Pakistan (number of schools receiving girl friendly school toilets) and Nepal (gender friendly WASH services and supplies to girls and boys) indicating gender or girl intentional (gender targeted) integration. Without disaggregated data on outcomes (behaviour change) as a result of these services, such as whether girl's attendance improved, there was less dropout or decrease

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92 Annex I

in infectious diseases, it is difficult to assess the effectiveness of such programmes that address gender needs.

ii) As part of the *Gender Priority Area: Maintain Core Health and Education Services and Systems*, a number of health care facility and community health care workers (mostly women) were trained in handwashing and other hygiene practices with some countries exceeding their target (Bangladesh and India) and some (Afghanistan) reaching just 20 per cent of the target. In this case too, if the data does not inform effectiveness in terms of changes in hygiene practices either with the front-line workers and/or in terms of community change practices.

iii)

The Gender Equality and COVID-19 Responses Annual Report provides output level data for the **education** indicator regarding 'support for homebased learning' which was generally achieved by all countries. Without disaggregation and inter-sectional data, it is not possible to assess the differential impact on boys and girls, as well as those with disability, urban and rural and of different ages and ethnicities. A strong attempt was made to ensure that services reached girls as well as boys such as in Afghanistan where 43 per cent girls learned through other delivery modalities (such as CBS or Community based education). We also do not know the profile of girls not reached.

iv) Several rounds of the education Remote Monitoring of Learning surveys during 2020-2021 under the continuity of learning series had challenges in gathering gendered data in some countries. A review was undertaken to stocktake the potential for secondary gender data analysis. The country level surveys assessed the following: (1) access to remote learning and education, (2) effectiveness of remote learning methods, and (3) perceptions surrounding in-person classes when schools re-open.

Results from Bangladesh/Bhutan/Nepal do not have the potential for further gender secondary data analysis for various reasons. The education related assessments in some countries had some potential for gender analysis:

Overall, based on questionnaires and India results, the continuity of learning surveys do not lend themselves to an in-depth gender analysis, though some sex disaggregated data analysis in some countries is possible. [93]

One of the findings relevant to gender stated that the involvement with children's education was most among mothers (86 per cent) rather than fathers (9 per cent) perhaps indicating no change in gender and social roles but also an opportunity to include this issue in programmes.

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93 Analysis by Lauren Pandolfelli, Gender Specialist UNICEF HQ

v)   According to the report, *A Gendered Analysis of the Child Protection Systems Responses in COVID-19 Programming in South Asia[94]* gender and gender-based violence (GBV) dimensions in child programming were lacking requiring a need for documentation for real time responses and innovations. Of the 12 case studies, only three were deep dives into gender and GBV. It reiterates the need to understand how entrenched norms are and to track shifts in these norms, indicating that outcome level change tracking is important. (See Annex XIX).

vi)   For the WASH emergency response, indicators were not gendered, neither was gender explicitly mentioned in the guidance or priority documents for the COVID-19 response. For example, the COVID SITAN for 'Provision of critical medical and water, sanitation and hygiene (WASH) supplies, and improving infection prevention and control (IPC)' includes three indicators which are gender neutral.[95] UNICEF Pakistan seeks to ensure that by 2022, more people including women and children and the most deprived stop practicing open defecation, and have access and use safely managed water and sanitation services in rural and deprived urban area.. At this point, there is no mechanism to measure disaggregated data. The section has been reporting only on number of people reached with hygiene promotion intiatives. Also, the proposed data collection questionnaire is gender neutrual[96]

vii)

viii)   The high-level data portal[97] has region wise data disaggregation of UNICEF areas such as Child Protection, Education, Disability, Gender, Health, Migration, Nutrition, Social-Protection, WASH and Cross-Cutting. Gender, Disability, and Migration were added as a separate button in the data portal from March to April 2021. Based on the official and unofficial sources of information, the data portal provides gender-specific impacts of the COVID-19 pandemic and responses such as an increase in GBV, increase in unpaid domestic and unpaid care work, decreased access to GBV services and various gendered impacts on female frontline health workers. With the disaggregation by disability, there is data regarding reaching these vulnerable groups. The data portal indicates one step in aggregating gender and equity related data that could be used for programming and evaluation. *However, it continues to be descriptive and at an output level.*

ix)

x)   A synthesis of rapid assessments of community-based monitoring focused specifically on vulnerable groups (India), longitudinal rapid assessment of COVID-19 (Pakistan) and the Child and Family Tracker (Nepal) remote data collection included six phone surveys, three IVR surveys and three online surveys. For the RTE, the analysis of gender effectiveness was measured by the use

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94 A Gendered Analysis of Child Protection Systems Response in COVID-19 Programming South Asia, May 2021
95 COVID SITAN Indicators: Number of people reached with critical WASH supplies (including hygiene items) and services); Number of health care workers and health facilities and communities provided with Personal Protective Equipment (PPE); Number of health care facility, staff and community health workers trained in Infection Prevention and Control (IPC)

96 Pakistan approach to total sanitation. WASH Behavioral Index
97 Tracking the Situation during COVID-19

of any gender related data. The Pakistan assessment used mobile technology and was constrained by the number of questions, difficulty in asking sensitive questions to women, the digital divide constraining reaching women – however, the data was used by UNICEF CO and ROSA and other agencies. Similarly, the Nepal Tracker studies, in its six rounds, was able to sample with inclusion and equity (gender, disability and other vulnerabilities) and continually adapted (added employment related information in later surveys). With regards use of gender and equity data, Nepal country office used the survey findings to ascertain eligible respondents and leverage it for Social Protection cash transfers from the government. In India, partnership with a CSO enabled direct collection of field level data (with data transferred remotely) with minimal sample dropout, greater commitment and involvement of community volunteers. Importantly, inter-sectional analysis was possible and marginalized populations could be identified (better than traditional methods). The government was able to use the data for streamlining social protection measures.[98] The India example (mentioned in the Gender Integration section) is notable because community women were data gatherers and the process of inclusion and possible empowerment would be worth assessing in terms of changes in agency and social norms.

xi)

Overall, the data was used to inform UNICEF and UN programming, communication strategies, advocacy and government for planning and guidelines. However, it was challenging to always precisely pinpoint where the evidence was used to answer the effectiveness question as the evidence is self-reporting by UNICEF in the Annual reports.

RAM Indicators (*see Table 9*) are outputs and not necessarily gender outcomes as they do not address changes in agency, structure and relations and therefore cannot address the gender effectiveness or transformation question. Most data collected is output and activity level, usually related to service delivery or reach.

Extent of gender transformative responses

Gender transformation addresses structural barriers to gender norms and equity, includes detailed gender and inter-sectional analysis, tracks changes in agency, structure and relations, ensuring that no one is left behind (LNOB). UNICEF has captured **descriptive** evidence of inequities such as the digital divide, vulnerabilities of girls and boys leading to dropping out of school, increased child marriage and gender-based violence. However, gender responsive and transformative change require outcome level data that addresses structural inequities and evidence to indicate change.

All *three government officials and all four inter-agency* representatives indicated that UNICEF would benefit from detailed gender analysis and gendered planning ('deep level' as mentioned by one KII) similar to other UN organizations, such as UNWomen, UNFPA and others, and could complement earlier collected gendered data before the COVID-19 crisis.

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98 Undertaking rapid assessments and real time monitoring in the COVID-19 contexts - Lessons learned from UNICEF South Asia, 3 June 2021

According to one inter-agency informant, all government officials and all three IP stated that, projects were for short duration, and limited reach. A rapid assessment by an inter-agency partner indicated that at community level, 'boys knew all the mobile messages from UNICEF but adolescent girls were not aware and learned about COVID-19 from TV and others from community' and another said 'inter-sectionality is not very strong – even when only girls are targeted, specific needs of rural/urban, disabled, etc are not addressed' whilst another said that the UNICEF programmes are small and if 'programming is not comprehensive, holistic in one geographical area then changing the normative situation of girls and messaging for awareness becomes lip service'.

Government officials mentioned that only parts of the system were targeted. Gender transformation requires systemic change for a reasonable period of time, appropriate scope, and with an articulation of expected contextual and progressive changes.

Management support was critical for a deeper gendered response at CO as was the support from the gender focal points. Gender related staffing indicates only four international gender specialists among a total of 12 gender staff across all countries in South Asia. The biggest country India has no senior level gender specialist (*see Annex XVI*).

The analysed **case studies**[99] highlighted **varying conceptual understandings** of the gender scale and gender transformation. Three cOs, India, Nepal and Afghanistan, shared initiatives for the case studies based on criteria (see Annex V) and assessed the level of gender responsiveness on the gender scale (GRES).[100] .

The **case study analysis** indicated two major learnings: a) deep understanding of gender analysis is critical b) a process driven technical support for gender transformative interventions is useful. Regarding the gender analysis, gender assessment of where the intervention was on the gender scale for all three case studies was more ambitious than the data indicated. Conceptual clarity of the various categories is urgently needed, a theory of change with assumptions and outcomes is critical during planning to plot the pathways of change and use of various gender frameworks to support the transformative gender analysis

Conceptual clarity about the gender scale (see Annex IV, V, VI) for three versions of the scale being used), and in the use of the gender responsive, gender transformative terms complicate understanding the extent of gender effectiveness. The gender scales are similar but not identical and have nuanced differences.

A **fourth case highlight**[101] reviewed three COVID-19-related evaluations conducted in SAR and the finding was that evaluations were not explicitly gender focused, nor applied a gender lens, except for this RTE on gender integration in the COVID-19 response. All evaluations at UNICEF should aim to be more gender responsive and transformative, incorporate stronger gender analysis, and systematically use the UNICEF

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99 The case studies are attached with this report.
100 There are three GRES scales – each being slightly different. See three scales in Annex 7
[101] See Attachment 4

guidance on integrating gender in evaluations[102]. Evaluations can be important catalysts and change agents towards more gender-transformative programming.

> Key Question Eight: To what extent was UNICEF supported or generated gender focused evidence and advocacy able to influence government COVID-19 programming?

Key Finding: UNICEF has the greatest influence with the government when working with children, adolescents on issues that impact them, such as gender and social norms. Specifically related to gender and especially with adults, other UN agencies are perceived to have expertise.

The limitation section mentions that most of UNICEF's work with host governments is self-reported and UNICEF currently is missing a measuring tool/monitoring system for reporting on influencing government policy and practice. KEQ 3 in the Gender Integration question details a sample of UNICEF's work with host governments but is descriptive in nature. With these limitations, the RTE referred to secondary data and KII (government officials) to answer this question using possible use, requests by government and value of UNICEF's contribution (as informed by KIIs) as proxies to ascertain UNICEF positively influencing host governments during the pandemic.

All three KII respondents, government officials recognize UNICEF's strengths at policy, strategy and resource development to support COVID-19 programming in changing gender and social norms among children and adolescents rather than GBV and gender transformation (in relation to adults). Host government KII value the quality of this expertise. However, in terms of use of gender related capacity building guidances and other such resources, they are more likely to use from other UN agencies (and other partners) that have a longer track record with gendered planning and evaluation, such as UNWomen and   UNFPA.   A Government official KII, stated that UNICEF CO downstream work is too limited in scope and reach (especially LNOB) to make a substantial difference in gender and equity transformation at that level.

There is evidence of UNICEF positively influencing host governments by sharing data, advocacy and generating evidence during the pandemic. SES data does not provide information regarding gender mainstreaming with government and it appears that there is no systematic tracking of UNICEF's engagement in gender mainstreaming with the government.

> Key Question Nine: What was the impact of more or less budgets available for gender programming on gender results?

The following data points were used for analysis and triangulation: a) COVID-19 expenditures country details[103] b) Insight data[104] and c) HAC gender expenditures. It is not possible to ascertain if budget allocations impacted the results without a benchmark. As mentioned in the limitations, GEM data which

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[102] https://www.unicef.org/evaluation/media/1226/file/UNICEF%20Guidance%20on%20Gender%20(Full%20version).pdf
103 COVID-19 data from January to December 2020; January to June 2021
104 Insight.unicef.org

would have provided a good benchmark, was not accessible. **Therefore, the following analysis of expenditure data only indicates whether there has been an increase in gender related expenditure.**

a) The COVID-19 gender expenditure in the region has increased from 10 per cent in 2020 to 12 per cent, mid-year in June 2021. This is a promising trend. All countries except Bangladesh have already increased their COVID-19 gender expenditure as of mid-2021 (with six months still to go) (*see Figure 17*).

Figure 17: SAR COVID-19 Gender Expenditures

SAR COVID-19 Gender Expenditures
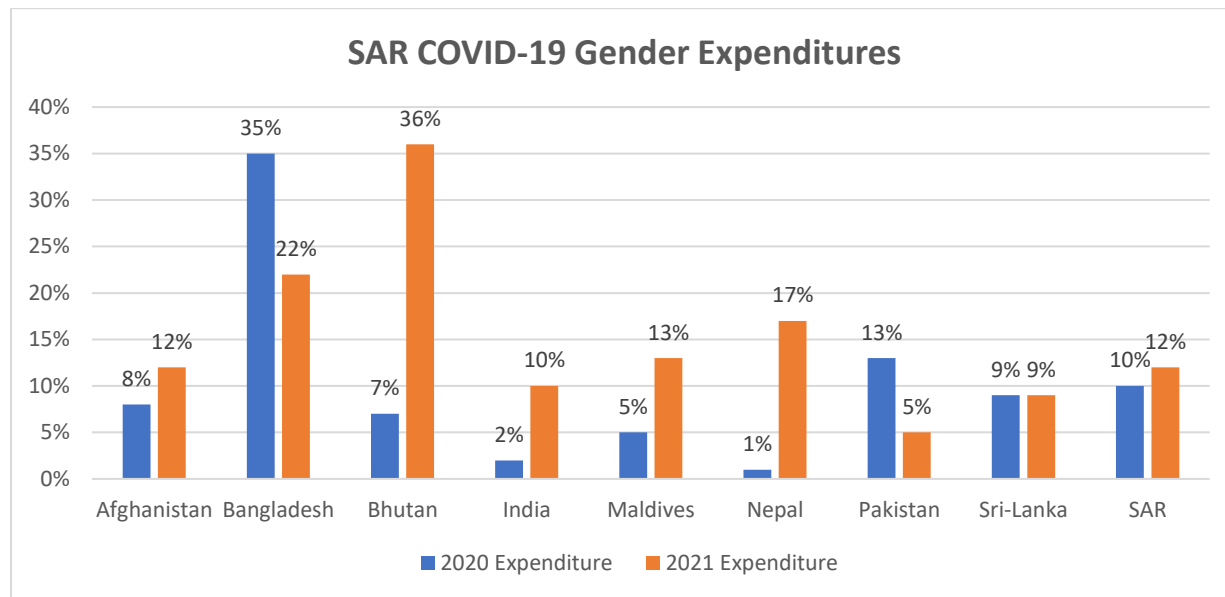
An analysis of the different goal areas indicates varying gender expenditures by country, as indicated below (please see Annex XVIII for tables for each goal by country)

b) The Insight gender expenditure refers to principal and significant levels[105] . All countries indicate a consistent trend in gender expenditure till mid 2021. (*See Annex XVII for figure taken from UNICEF Insight office dashboard[106] of Gender overview (2018-2021)*). It shows the country offices and ROSA gender expenditure by principal and significant outputs on Gender Equality Marker. The data indicates South Asian countries have *principally* contributed with more than 50 per cent of active output results in 2020 and 2021 except Afghanistan with 48 per cent in 2020 and 46 per cent in 2021 respectively. To be noted is that all the SAR countries have less than 15 per cent of gender expenditure on significant[107] contribution.

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105 GEM principle contribution refers to advancing GE &W/GE is the principal objective; 60% to 100% of expenditures are for gender activities,
106 Insight.unicef.org
107 Significant contribution expected to make a significant contribution to advancing GE &W/GE; 60% to 40% of expenditures are for gender activities

c) HAC Appeals and expenditure as indicated in the table below also indicates increased gender expenditures. Data compares 2019 (pre-COVID) to 2020 (onset of COVID) and is indicative of including gender in the response.

Gender Analysis of Humanitarian Action for Children (HAC) Appeals 2019/2018

Figure 18: Gender Analysis of HAC Appeals 2019/2018

Source: Gender Appeal of 2019-2020 dashboard

HAC Country	Gender / GBV included in Current Year (2020) HAC							Gender GBV included in Previous Year (2019) HAC				
	Situation Analysis	Strategy	Results	Budget	COVID-19 Country Response Plan	Indicators		Situation Analysis	Strategy	Results	Budget	Indicators (HAC)
						HAC	CRP					
Regional	Yes	Yes	Yes	Yes	N/A	No	N/A	No	Implied	No	No	No
Afghanistan	Yes	Yes	Implied	No	Yes	No	Yes	No	No	Implied	No	No
Bangladesh	No	Yes	Yes	Yes	Yes	Yes	Yes	Implied	Yes	Yes	Yes	Yes
Pakistan	No	No	Yes	Implied	Implied	Yes	Implied	No	No	No	No	No
India (2021)*	Proposed	Proposed	Proposed	Proposed	Yes	Proposed	Yes	N/A	N/A	N/A	N/A	N/A
Nepal (2021)*	Potential	Potential	Potential	Potential	Yes	Potential	Implied	N/A	N/A	N/A	N/A	N/A

In summary, it is evident that gender tagged expenditure is showing an increasing trend for 2020. The evaluation cannot state if there is any indication of 'improve or negatively affect the results' or if the gender disaggregated data translated to improved programming for better gender results (gender transformative outcomes related to agency, relations and structures) as reporting is target, activity and output oriented. HAC 2020 showed much improvement in GBV funding in comparison to the year 2019 (*See Figure 11*). Data from Afghanistan, Bangladesh, India and Nepal showed positive results in terms of COVID-19 response plan.

HAC 2021 planning has integrated GBV programming into all cOs as well as Regional South Asia HAC planning and budgeting[108]. Similarly, it corresponds with the socio-economic tracking of the situation of

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108 Updated Regional Office for South Asia: Gender Equality in the COVID-19 Response, October 2020

children 2021 as number of countries have responded about increasing services in GBV risk mitigation and GBV programming.

3.3 Good Practices and Partnerships

The overarching question is 'assess the good practices, successful initiatives, and partnerships related to delivering gender specific responses as a result of UNICEF RO and CO initiatives with governments and partners'.

For successful initiatives (please see Gender Integration Section in Findings for more details). Some examples include increased engagement with women's and youth networks and community platforms, girl intentional programmes in child protection, WASH and education, GBViE learning series, advocacy campaigns and evidence gathering with host governments to name a few.

The three evaluative sub-questions are:

KEQ 10: What were the gender specific responses from COVID-19 programming in compounded layered crises?
KEQ 11: To what extent has RO and CO contributed to the functioning and consolidation of inter-agency cooperative responses?
KEQ 12: To what extent was HQ and RO gender guidance and capacity building useful to strengthen gender related action at RO and CO? [109]

A summary of key findings is listed below:
- **UNICEF promotes gender programming and use of evidence consistently in communities with compounded layered crisis such as Cox Bazaar.**
- **In Afghanistan, UNICEF collaborated with government and civil society to reach gender targeted programmes but had difficulty collecting sex disaggregated data in some sectors such as WASH.**
- **UNICEF actively collaborates with other agencies for gendered advocacy. There are challenges in using gender transformative indicators.**

Key question Ten: What were the gender specific responses from COVID-19 programming in compounded layered crises?

The evaluation focused on Afghanistan and Cox's Bazar in order to explore this evaluation question. Both Afghanistan and Cox's Bazaar face compounded, layered crises and significant gender inequities, although the crises are different in nature. The Cox's Bazaar District houses over 860,000 Rohingya refugees, which, with already strained host community dynamics, creates complexities in managing the gender and equity dimensions of the response.

UNICEF has demonstrated a continued commitment to collaborate with CSOs and government to address gender inequities. **UNICEF actively promoted gender in the Inter-agency coordination system, and in its role as lead for clusters and sub-sectors. In the Inter-agency system, UNICEF's work is recognized more for gender and social norms advocacy than for gender transformative programming. Gender related guidances from UNFPA and UNWomen are better known by government and IP than UNICEF's.**

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[109] Please also see OR and trend analysis

However, UNICEF's comparative advantage is in community level implementation in sectors such as education, WASH, GBV enabling feasible entry points, to embed gender transformative processes.

Key findings are a) the gender programming frameworks (including capacity and resources) initiated before the pandemic enabled adaptation during the COVID-19 pandemic, b) community engagement (with partners) was critical for continuation of gendered responses. Humanitarian interventions are dominated by civil society partnerships and UNICEF has a clear advantage in programming with partners at community level. As one KII stated 'UNICEF's advantage is working in communities, unlike WHO or UNFPA which are facility based', c) UNICEF's strategy to work with implementing partners and government at the grassroots level enables contextualization and adaptation to cultural factors, providing nuanced initiatives for gender transformation and, d) sex disaggregated data is available from UNICEF programming in both Cox Bazaar and Afghanistan and disability data from Cox Bazaar, necessary as the first steps but not sufficient to track transformative progress systematically. Programming strategies in both countries would benefit from inclusion of gender transformative indicators and increased resources for monitoring results, to fulfill UNICEF's role as a change agent for gender transformative programming (i.e., addressing structural inequities related to gender).

The sections below discuss findings and lessons from Cox's Bazaar and Afghanistan respectively, regarding UNICEF's gender programming in the COVID-19 response.

Cox's Bazaar

UNICEF demonstrated a continued commitment to collaborate with CSOs and government for social and norm changes by embedding gender across humanitarian responses. At Cox Bazaar, UNICEF has embedded and mainstreamed GBV in WASH, collaborated with GIHA, Gender Hub, Age and disability working group, MHM (Menstrual Hygiene Management) working group in sector programmes, and includes gender for all proposals with implementing partners resulting in a continued focus on girls, boys, men and women. Women's and girls were involved in the design of toilets (hardware), menstrual hygiene management in latrines, and equal representation in WASH committees, such as water user group, latrine user group, as well as members of the community volunteers' group. During the response, UNICEF successfully included women and adolescents in the Community Led Total Sanitation CLTS[110] approach for the first time in Cox's Bazaar and raised awareness among men and boys about latrine cleaning and fetching water for increased handwashing and hygiene. KIIs mentioned that involving and engaging Rohingya men and boys faces many challenges and the behavioural changes though small and anecdotal, are significant in the Rohingya context. This is true also for small changes in agency, leadership by girls and women in Cox Bazaar.

According to the humanitarian Sitreps quantitative data gathering, they included sex and age disaggregated data, as well as disability during COVID. Examples include: a) the extent of reach to girls and the disabled for CLE (Caregiver led Education) with educational materials b) disaggregated access to health, legal and psychosocial services c) engagement and training of community-based volunteers of which half are women d) sex and disability disaggregated data for the distribution and access to COVID-

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110 Documentation from Cox Bazaar and key informant interview

19 Adolescent Kit (an education package response including literacy, numeracy and life skills) for both host and refugee communities. The kits were designed with the Youth Working Group e) gender monitoring of water collection and f) adaptation of the WASH sector Facilitator team to include 50 per cent women for the COVID-19-related responses[111].

These examples, supported by documentation and KII interviews, provide evidence of UNICEF's continued efforts (adapting to the pandemic) to engage women and girls in challenging contexts such as the Rohingya communities and the commitment to include sex and disability disaggregated data to inform programming. The existing gender inclusive strategies and collection of disaggregated data are noteworthy, but gender programming can be further improved , with the systematic inclusion of gender transformative indicators.

Afghanistan

A key finding during the COVID-19 pandemic is UNICEF's continued commitment to collaborate with civil society organizations and government to reach gendered vulnerable populations. For example, capacity building by UNICEF has included training to both male and female frontline workers and adapted their role for the pandemic. Subsequently, eight UNICEF implementing partners were assessed on their capacity on Preventive Sexual Exploitation and Abuse (PSEA) and supported to strengthen prevention and response mechanisms. (Afghanistan Sitrep, 1 January to 31 March 2021). UNICEF Gender and Adolescent Units have been supporting COVID-19 affected adolescent girls and young women in Bagrami District, Kabul (also see Attachment One Case Study), and targeted its reach data to most affected. Despite various COVID-19 related challenges in 2020, UNICEF supported the Ministry of Education (MoE) through the implementation of Community-Based Education (CBE) in response to the immediate needs of emergency-affected children, with reach data for girls (57 per cent). Sex disaggregated data is available for Education in Emergency (EiE) training of volunteer teachers. (Afghanistan Sitrep January to December 2020)

In Afghanistan, data for gender targeted programmes such as for mothers, adolescent girls was easily collected but it was more difficult to collect sex disaggregated data in mixed gender populations such as, with health care providers, or for WASH services. (Afghanistan Sitrep January to December 2020)

> **Key Question Eleven: To what extent has RO and CO contributed to the functioning and consolidation of inter-agency cooperative responses?**

This section outlines inter-agency coordination (UN) in UNICEF's responses in SAR countries. Analysis of the 2020 COAR (Country Annual Reports) and KIIs provided information about the level and type of UN inter-agency collaboration. Noteworthy examples with UN inter-agency are described below (*see evaluation report section on gender integration*).

Based on the COARs analysis for all SAR countries (*See Annex XI*) out of the 15 UN collaborations reported, nine were clearly gender focused. UNICEF collaborated with UNFPA, UNDP, UNWomen, UNESCO, WFP and UNHCR, represented here in order of frequency reporting with UNFPA reported most as a collaboration partner.

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111 Bangladesh Humanitarian Situation Reports 30 June 2021

In Cox's Bazaar, for <u>gender integration at</u> <u>inter-agency</u>, UNICEF is a member of GiHA WG[112] and the lead for the inter-section of child protection and GBV in the Protection Sector, and mainstreams gender in health, nutrition, protection, sanitation and water as mentioned earlier.

Like in Cox Bazaar for inter-agency coordination, UNICEF Afghanistan is a member of GiHA, and works jointly with other agencies for gender integration along with government counterparts. Afghanistan Gender in Humanitarian Action (GiHA) working group produced 11 tips for Strengthening Women and Girl's participation in surveys, assessments and feedback mechanism. This Tip Sheet provides concrete tips/instructions on strengthening the participation of women and girls in surveys, assessments, and feedback mechanisms[113].

GBV was accelerated in COVID-19 and UNICEF, UNFPA and WHO worked closely with Ministry of Public Health (MoPH) for collaborative responses with WHO and UNFPA working to develop facility level GBV protocols in the National Monitoring Checklist whereas UNICEF was involved in training and developing indicators. Through this collaboration, UNICEF which works more with Women's Affairs also began closely working with MoPH.

Spotlight Initiative supported by European Union (EU) and United Nations to eliminate all forms of violence against women and girls by 2030, includes 25 countries across globe and has targeted Afghanistan in Asia. In Afghanistan, with collaboration of UN agencies (UN Women, UNICEF, UNFPA and UNDP), Spotlight supports the Afghanistan Independent Human Right Commission to enhance the evidence-based knowledge on ending SGBV/HP by conducting **nation-wide enquiries** on SGBV/HP and/or gender equality and non-discrimination. (Afghanistan country programme Snapshot)

The United Nations Population Fund (UNFPA) and the United Nations Children's Fund (UNICEF) are working with partners across countries under the Global Programme to Accelerate Action to End Child Marriage. Bangladesh, India and Nepal in SAR are part of this global programme. The objectives are to enhance investments in and support for married and unmarried girls and provide evidence for the benefits of such investments; engage key actors – including young people as agents of change – in catalysing shifts towards positive gender norms; increase political support, resources, positive policies and frameworks; and improve the data and evidence base. Through the implementation of initiatives under this programme in South Asia, questions arose about the interconnected nature of child marriage and other

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112 The humanitarian response to the Rohingya refugee crisis is facilitated by the Inter Sector Coordination Group (ISCG) in Cox's Bazar. The ISCG Secretariat is guided by the Strategic Executive Group (SEG) that is designed to be an inclusive decision-making forum consisting of heads of humanitarian organizations. On the government side, a National Task Force, established by the Ministry of Foreign Affairs, has been leading the overall coordination of the Rohingya crisis. UNICEF leads the Nutrition and WASH Sector and Child Protection Sub-Sector and co-leads the Education Sector with Save the Children, in coordination with the concerned government counterparts. (Bangladesh Sitrep 30 June 2021)

Gender in Humanitarian Action Working Group (GiHA WB) co-chaired by UN Women and UNHCR. GiHA receives support and technical guidance from Gender Hub, which sits with the Inter-Sector Coordination Group to better collaborate and influence all sectors for gender equality and empowerment of women and girls from Rohingya refugees and host communities.
113 11 Tips for Strengthening Women's Participation in Humanitarian Assistance, June 2021

harmful practices present in the region, and the need to address the drivers of child marriage having an impact on the persistence/existence of other harmful practices[114].

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Key Question Twelve: To what extent HQ and RO gender guidance and capacity building useful to strengthen gender related action at RO and CO?[115]

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The evaluation team can confidently state (based on its long-term engagement with the 'evaluand'), that there is a trend pattern towards strengthened gender guidance, capacity building, and analysis of gendered results in SAR during the COVID-19 pandemic. It is important to note that the ROSA Gender section is very lean with one Gender Advisor who manages a huge portfolio with temporary support from interns and consultants as needed, and hence the extent of gender guidance to one of the most populous regions covering some of UNICEF's most complex country programmes, in the world is noteworthy.

Gender guidances from HQ and RO at the start of the pandemic included *Five actions for Gender Equality in the COVID-19 Response*[116] with some indicators being gendered (See section on Operational Review). CCC [117] and HAC 2020/21[118] have clearly indicated the need for gender programming. There was a concerted effort to institutionalize gender in the COVID-19 response. The RTE was rapidly measuring the changing trend through multiple sources indicating increased trends to strengthen gender capacity on gender issues. Gender and equity are being increasingly scrutinized for presence or gaps in various sectors such as WASH, adolescent frameworks and tracker studies to name a few (*see section 3.1.1 point no. 5 for more details*).

A positive sign towards improved gender responsiveness/transformation is that the CPD development processes in SAR are addressing the need to have precise gender transformative indicators that include social norm change, specific indicators for GBV (including for VAC, IPV) as well as a clear articulation of the issues, outputs and indicators.

Capacity building efforts, guidances, precision in defining gender responsive and gender transformative indicators for the CPD (under formulation in SAR), feedback loops, support from RO and conducting the RTE has to some extent succeeded in operationalizing the gender scale through awareness, discussions and practical application (case studies).

4. REAL TIME USE OF FINDINGS

The findings were fed back to the programming in real time and disseminated among relevant stakeholders. Please see Table for further details.

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114 Child Marriage and Other Harmful Practices, UNICEF and UNFPA, 2020
[115] Also see OR section for trend analysis from the start of the evaluation to the present
116 Five actions for Gender Equality in the COVID-19 Response
117 Core Commitment for Children in Humanitarian Action, CCC Gender Equality Overview
118 HAC 2021 emphasized national plans for preparedness and response for strong gender analysis to ensure that mitigation measures address the burden of unpaid care work and heightened gender-based violence (GBV) risks, particularly those that affect women and girls; also UNICEF's Regional Office for South Asia continued to provide technical support to country offices and partners to fulfil the Core Commitments for Children in Humanitarian Action

Table 10: Real-time use of findings

Real-time validation and dissemination of evaluation findings with key stakeholders	
Internal – South Asia	Modality
UNICEF SA Regional Management Meeting, (3) May 2020 (RTE evaluation plan) November 2020 (OR and emerging integration findings) May 2021 (Integration and effectiveness findings)	**Dissemination**: PPTs, discussion, dissemination through CMTs and the regional director to all Country Representatives and Deputy Representatives in the region
UNICEF SA RiGoR Meeting (2), a regional reference group on gender established in ROSA DRD, 2 Regional Directors, 4 Sector Advisors, Evaluation Advisor, 2 Young Professionals and Regional Gender Advisor	**Dissemination and validation**: Inception and operational review Management Response was prepared and discussed in 2020 and continued to be followed in 2021
UNICEF SA Gender network 6 times during September 2020 and September 2021	**Validation of methodology, case studies, findings and recommendations**: PPTs, discussion, perception polls, questionnaires
UNICEF SA Evaluation network October 2020 April 2021	**Dissemination and validation**: Discussion on methodology and findings,
UNICEF Regional Network July 2021– all sectors (over 200 people attended)	**Dissemination and validation**: Discussion on findings and recommendations
Regional Office Consolidated Knowledge Management Lessons Learned on COVID19, November 2021	**Compilation of findings:** Integrated into a regional knowledge management report
Case studies – Afghanistan, India, Nepal	**Programming forward:** Gender analysis used to develop plans for gender transformative programming and using feminist frameworks
Internal–- Global	
EMOPS presentation on Gender and COVID19 response, October 2021	Dissemination and discussion: Global webinar hosted by HQ EMOPS and Gender Unit featured ROSA Evaluation findings and recommendations as well as ECARO among all regions globally
External	
APEA, GenderEval+, UNWOMEN joint global webinar June 2021: 'Dialogue on Good Practices in gender-responsive evaluation'	**Dissemination**: Presentation on the RTE approach and findings
IDEAS, IFAD and IEG/World Bank:	**Dissemination**: submission to the Transformational Evaluation Award

5. CONCLUSIONS, LESSONS LEARNED AND RECOMMENDATIONS

5.1 Conclusions

The conclusions have been developed in the spirit of real time learning. As the evaluation was developmental and real-time in nature, and the focus was on learning in a fast-changing, unpredictable Covid environment, the evaluation addressed **the DAC criteria** to the extent possible (*see Table 1*). The following conclusions are drawn from the findings:

Operational Preparedness (March to October 2020) for an Engendered response **Summary:** Normative frameworks, guidance documents need to be swift and timely in the early stages of emergencies/pandemics to respond to the immediate and urgent gender needs and must explicitly address gender analysis, it should not be 'optional' and given less importance than immediate service delivery. Accountability structures require human resources that are in adequate number and with expertise in gender change. Management and technical support are critical for swift and effective gender responses.	
Relevance	Normative frameworks including guidance documents shared by ROSA in the early stages of the pandemic (March to October 2020) were swift, timely and relevant to the immediate and urgent gender needs and guided UNICEF's gender responses in SAR. Gender analysis was not a priority: COVID-19 guidances (HPM) stated reporting on gender itself was 'optional' and other documents indicated that obtaining disaggregated data was a challenge. Most of the Response Plans describing programmes, policy and advocacy initiatives were generic in response to COVID-19. Gender analysis such as disaggregation by groups of rights holders, analysis of needs of children with disabilities, women subject to gender-based violence, female-headed households, special needs of boys, and most economically vulnerable, etc., were largely unavailable, making it difficult to explicitly target these groups and make the programming relevant. Even where sex and age disaggregation was available, there were limited inter-sectionality indicators such as disability, ethnicity, caste, class and so on, making it difficult to address gender-based vulnerabilities. Most indicators were gender blind, at best gender sensitive or gender wide (including children and women in one category). Accountability structures though available were constrained: human resource in terms of number and level of expertise of gender focal points and gender specialists were not enough; and accurate reporting was constrained by lack of analytical understanding of processes of gendered change.

	RO's role of technical support to gender network (UNICEF gender specialists and focal points) and instituting a management group (RiGoR) in spite of its very lean staffing was relevant. CO played a major role in reviewing multiple, overlapping guidances and selecting the most relevant for gender, often using those from other UN agencies; gender related expenditure has scope for increasing. Overall, the above analysis indicates that although the normative frameworks and accountability structures were relevant to the gender and equity programming, the implementation less relevant for the different population groups, especially with relatively sparse analysis of gender, equity, disability and other vulnerabilities.
Effectiveness	Socioeconomic data on the impact of COVID-19 on the population was collected in a timely and regular manner and analysed for how effectively gender was addressed. In many cases, the data, however, lacked disaggregation by sex, age and disability, and could not, therefore, adequately inform programming for gender transformation. It was effective in terms of being gender targeted or gender responsive in some cases.

Gender Integration in COVID-19 responses

Summary: Gender integration in pandemics is possible if there is an interface between development and emergency programming, with gendered responsive and transformative processes in place prior to the onset of the pandemic. This also requires coherence and connectedness with both upstream and downstream programming that is gender responsive and transformative

Relevance	As the COVID-19 response evolved, all CO did not **uniformly report data** and/or sex disaggregated information on continuity of care services, education, health, preparedness for increased GBV affecting the relevance of services provided. RAM data indicated that *the least reporting by countries was on Care for Caregivers*. The findings correspond to the perception data collected from UNICEF gender focal points and specialists at the inception phase of the RTE [119] as well as six months later. Gender based violence has been addressed in all countries as indicated by perception polls, online survey, KII, document review. However, RAM data from some countries is not available regarding numbers of women, girls and boys targeted. Continuity of health services were available during COVID-19 but most of the health indicators are gender blind or gender wide (including children and women in one category). Maternal health data is gender targeted and available. On learning, in RAM, all countries reported sex disaggregated data on number of adolescent girls benefiting from specific interventions related to learning.

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119 A real-time poll collected responses from 10 UNICEF personnel representing eight ROSA COs at a Gender Network meeting in October 2020.

	UNICEF has clearly increased their engagement with women and youth group networks in all countries on various gender priority areas. There is a clear programmatic focus on adolescent girls through girls networks and targeted U surveys to reach them but there are large data gaps in the region. Strategies to reach out to adolescent girls were adapted but there is little information about how a targeted focus addressed reaching out to boys and other adult influencers, important for change in gender and social norms. Therefore, relevance of the interventions was constrained for the reasons outlined above.
Coherence and connectedness	The interface between emergency and development programme is less coherent and connected in that overnight change for transformation was not available before the pandemic as well. This means that gender related transformative practices (and not just gender targeted) need to be available *before* the pandemic to ensure coherence and connectedness. The added value of UNICEF's gender programming is mostly coherent and connected with other UN agencies government and development partners, each agency having its own comparative advantage related to gender.
Sustainability	Upstream work with the government in theory has sustainable elements but presently since ownership is largely self- reported it is difficult to ascertain sustainability of gender and equity related programming. Strengthening IP and community platforms show possible pathways for sustainability.

Effectiveness of Gender Integration in the COVID-19 response
Summary: To assess gender effectiveness it is important to have outcome related data and not activity and output level. Without clarity on what is gender transformative change, what structural inequities exist, it is difficult to plan, implement and evaluate such change. Indicators need to be explicitly gender transformative or at least gender responsive, and definitely not gender blind.

Effectiveness	Assessing whether gender integration has been effective or transformative could not be answered as evidence was at activity and output level, not outcome. It was also not possible to determine qualitatively, what was gender transformative (or targeted or responsive) as definitions varied in guidances as well as in conceptual understanding at CO, with government and IP.
	Though important, activity-oriented reporting is not enough and can be superficial when addressing gender related change
	There are challenges in uniform tracking and use of gendered inter-sectional data as well as internal systems to synergize planning, implementation, and evaluation of gender outcomes across all sectors.
	Gender transformative change is nuanced, long term and along with clear articulation of gender concepts requires longer programme duration, gender expertise at the field level, gendered ToC and outcomes tracking to determine effectiveness.
	Data does not inform if greater gender budgeting *improved gender* results but it has led to increased gender inclusion across programmes.

Partnerships and Good Practices in COVID-19	
Summary: Partnerships with civil society implementing partners and government are critical for gendered responses in compounded layered crisis (or in traditional programming) but these responses need to have been initiated prior to the pandemic. UNICEF's interface with other UN agencies and government can promote collaborative work on gender and social norms, which is UNICEF's niche in working with children and young people.	
Relevance	In compounded, layered crisis in Afghanistan and Cox's Bazaar, UNICEF with partners was able to show continued commitment to gender inequities even though gains were small and fluctuating. Considering the patriarchal and traditional gender inequalities present, this is commendable. Joint programming on GBV capacity building (GBVie and Lockdown series) indicate the relevance of partnerships with other UN agencies.
Coherence and Connectedness	At both levels, there is good collaboration for inter-agency responses, with UNICEF contributing to the gendered responses. However, other UN agencies such as UNFPA and UNWomen perceive themselves and are perceived by government to have more gender related expertise especially with adult GBV. UNICEF's excellent branding 'for every child' leads to expectations for policy, strategy, research and programming linked to specifically children and adolescents and therefore a particular reference to gender norms development, violence against children, child protection, and related inter-sections with education, child health and the like. UNICEF's collaboration and

	connectedness with other UN agencies for gender related work is recognized and that each has its comparative advantage to work more collaboratively with the government and others for a unified response.
Sustainability	There is a maturity of response towards strengthened gender guidance, capacity building, and analysis of gendered results in SAR during the COVID-19 pandemic, indicating potentially future sustainability

5.2 Proposed Theory of Change

This section concludes with a reconstructed Theory of Change, based on the learnings from this evaluation, that outlines possible change pathways from inputs to outcomes in an ideal situation for gender transformation, applicable for any programme and sector and in both humanitarian and development interventions.

The fundamental **assumption** is a deep understanding of gender transformative processes and a commitment of UNICEF, its implementing partners and government to do so and to ensure human and financial resources are available for it. The risk is that the immediate needs of service delivery in any pandemic will result in less attention to gender analysis and response.

The **inputs** ensure that various requirements for gender programming are in place. These include financial, human, and technical resources. The assumption is that all these inputs include an understanding of gender transformative change as defined by the gender scale and various other frameworks and instruments. Without a clear definition and operationalizing of gender transformative processes that address structural and contextual inequities, it is not possible to do activities that ensure power inequities are addressed. Particularly important in the **activities** is to strengthen the 'how to do gender transformative programming' with local consultants, government functionaries and implementing partners to ensure coherent and connected, relevant and effective programming and monitoring. At **outcome** level, indicators to plot the change and decision-making using credible data should be available, providing inter-sectional and disaggregated data regarding what worked and what did not. **Impact** related to 'being bold' in achieving gender results is possible with these outcomes. Since gender responsiveness and gender transformative change processes are complex, dynamic, contextual, it is important to have monitoring systems that provide **feedback** regarding what works and what does not, tracking unexpected change as well.

Figure 19: Reconstructed Theory of Change

Pathways of change for Gender Responsiveness in COVID response

IMPACT	UNICEF is Successful and Accountable in Achieving its Gender Results (in accordance with CCCs and SP)

OUTCOMES
- Gender-sensitive COVID-19 Response strengthened to Gender-Responsive
- UNICEF and Partners Make Evidence-based Decisions on Gender and COVID-19
- Timely, Credible, Disaggregated Information/data is Available on UNICEF Gender COVID-19 Response

OUTPUTS
- Gender and COVID-19 Concept Notes, Project Documents
- New Tools, Resources, Strategies (based on COVID-19 and Gender experience)
- Joint Work with UN agencies/ UNCT/IP
- Special Periodic Reports on Gender and COVID-19
- Gender and COVID-19 Sections in CO/ RO/ HQ Reports

ACTIVITIES
- Designing, implementing, reporting on gender-related interventions
- Managing, recruiting, and developing human resources
- Coordinating within UNICEF and with partners (UN agencies, Government, IP)
- Expanding, strengthening partnerships with local consultants/ partners
- Developing capacities of local consultants/ implementing partners

INPUTS
- Mandate and Strategic Plan
- Budget (COVID-19) Response
- Human Resources (8 CO Gender Focal Points/ Specialists); RO Gender Team)
- Roles and responsibilities of personnel working on gender issues
- Guidance, quality assurance
- Norms and Standards (HRBA&GE)

ASSUMPTIONS UNICEF personnel and partners is aware, has capacity and committed to integrate gender into the response; Governments support interventions; resources are available and used

RISKS Non-prioritization of gender aspects by UNICEF and partners; lack of will and resources; limited access to population due to lockdown, curfews, etc.

FEEDBACK LOOP (right side, repeated twice)

5.3 Lessons Learned

The lessons that emerged during the evaluation support the recommendations and actions outlined below and provide inputs to the analysis of findings and conclusions under the evaluation questions. The lessons learned are key outputs for a gender transformative and developmental evaluation.

1. Humanitarian crisis such as COVID-19 has without doubt identified that girls, women and the most vulnerable (including disabled) are at greater risk. However, it is not possible to swiftly expect gender transformative programming (and change) in the absence of previous gender responsive programming, processes and monitoring. The findings would have been most likely similar on a regular evaluation of gender integration and effectiveness of SAR programming, with the exception of the highly contextualized programming in the protracted crisis and reference to the speed of which some response initiatives (mainly data collection) was rolled out.

   Addressing gender-targeted and gender-responsiveness does not automatically mean a progression to gender transformative change. Gender transformation is possible only if gendered power structures are addressed, gender is embedded in all normative and accountability structures, is not an optional criterion to report on, is regularly evaluated with outcome change data with the full participation of those most affected. To achieve gender transformation, harmonization and consistency of gender and equity requirements across

guidances, normative frameworks and M&E priorities are essential to avoid neglect of, or superficially addressing gender.

2. Gender transformative change is nuanced, long term and along with clear articulation of gender concepts requires longer programme duration, gender expertise at the field level, gendered ToC and outcomes tracking to determine effectiveness. . Adequate number of and expertise of the gender team in <u>both</u> gender transformative processes and M&E are critical for the operationalization of gender outcomes.

3.

4. Creating process driven examples of successful gender transformative interventions can be a useful learning tool, that bridges theory and practice and should be included for hands on capacity building. In this evaluation, the **case study deep dives** were highly participatory and effective in operationalizing the gender scale

5.

A long-term engagement with the 'evaluand' is necessary for evaluators to capture nuances and trend patterns related to gender and equity capacity, programming and in the analysis of results.

6.

The RTE and its use of the feminist approach has been a transformative tool to operationalise ('how to') of the UNICEF gender scale and increase the conceptual and operational understanding around key gender programming elements. Uniquely, it blended the OEDC DAC criteria with the gender transformative concepts. It is important to note that evaluations are more likely to be transformational, if they are specifically and explicitly designed in this manner.

5.4 Recommendations

The recommendations, synthesised from across several reports, are at a higher level. Specific recommendations related to operational preparedness, gender integration and gender effectiveness, were fed into the ongoing programme and are available in the relevant documents. Being a participatory, developmental and feminist evaluation, the recommendations were discussed, co-created and validated with the key stakeholders, such as the UNICEF SAR gender network, M&E Network and ROSA management. The recommendations outlined below are targeted and prioritized to the extent possible at the institutional and programme level to guide ROSA and CO management, gender and evaluation functions for future programming and evaluation.

Institutional

<u>Key Recommendation 1</u>: Allocate additional and enhance existing gender resources – human and technical especially on M&E around gender effectiveness to improve outcome focused data availability; develop gender budgeting norms for interventions; enhance duration and scope of interventions for long term gender change.
> *Stakeholder Responsible:* RO to advocate for enhanced gender resources
> *Timeline:* Mid to Long term

Key Recommendation 2: Leverage UNICEF's unique comparative advantage with communit**y level and** sector programming and government to integrate and embed gender programming–- during humanitarian crises/humanitarian–- development nexus.

Sub-Recommendations:

2a. Localize strategic plan for gendered interventions at community level through intermediaries, civil society and government, across different sectors with local actors with UNICEF's role as *facilitator* for planning, implementation, monitoring and decision-making.

2b. Build adaptive capacity in communities for complex and interconnected gender and equity processes in humanitarian crises

2c. Facilitate sustainability plan through participatory, inclusive measures that is gender equitable to enhance ownership and decision-making at local level
   Stakeholder Responsible: CO management
   Timeline: Immediate to Long term

Key Recommendation 3: Develop an externally verifiable measurement system for gender related influence and advocacy efforts with government
   Stakeholder Responsible: CO with technical support from the RO
   Timeline: Mid to Long term

Key Recommendation 4: Develop a collaborative and inclusive ToC for gender responsive and transformative programming in emergencies
   Stakeholder Responsible: CO management with gender specialist
   Timeline: Mid to Long term

Programme

Key Recommendation 5: Tailor capacity building for conceptual coherence of gender concepts and indicators related to gender transformative change both internally and for diverse IP and government; include the 'how to'.

Sub-Recommendations:

5a. Monitor and support accurate use of the gender scale for UNICEF sector staff, gender focal points, government officials and IP and in the formulation of gender transformative indicators. Training Needs Assessment (TNA) is recommended to address the needs of the different stakeholders.
   Stakeholder Responsible: RO and CO management with the respective gender sections
   Timeline: Mid to Long term

Key Recommendation 6: M&E: **S**trengthen results-based management of gender responsive and transformative programming to ensure improved outcome level tracking and regular feedback loops to programming

Sub-Recommendations:

6a. Improve gender and inter-sectional data gathering, use and reporting; synergize/embed in planning, implementation and evaluation functions

6b. Increase focus on LNOB: to address the most vulnerable, include data that informs different vulnerabilities that are contextual and strengthen inter-sectoral initiatives and data from them to avoid working in silos.

6c. Ensure that gendered data mandated in the guidances and reporting measures are consistent and complete. This may require CO cross-sectoral teamwork and training the M&E network

> *Stakeholder Responsible:* RO and CO management, gender network and M&E functions
> *Timeline:* Mid to Long term

Key Recommendation 7: Enhance the use of feminist frameworks and principles in UNICEF's planning, implementation and internal & external evaluations to be gender responsive and preferably gender transformative.

> *Stakeholder Responsible:* RO and CO management and M&E functions
> *Timeline:* Mid to Long term

Key Recommendation 8: Strengthen and broaden partnerships with communities, networks and movements strategically and programmatically**.**

Sub-Recommendations:

8a. Develop partnership strategy for gender interventions; develop work plan and monitor the partnership strategy periodically.

8b. Strengthen and inform partnership strategies on gender by (i) benchmarking activities; (ii) conducting gender capacity assessments; (iii) indexing (size, capacity, reach, scope) partners and (iv) tracking progress

> *Stakeholder Responsible:* RO and CO management
> *Timeline:* Immediate

Key Recommendation 9: Continue sharing gender learnings and transformative outcomes with development partners and governments, and strengthen collaboration with other UN agencies for streamlined, strategic planning on gender transformative processes at country level (such as UNSDF planning)

> *Stakeholder Responsible:* RO and CO management
> *Timeline:* Continuous

ATTACHMENT 1: CASE STUDY: AFGHANISTAN SAFE SPACES

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Background:

The Real Time Evaluation (RTE) used the case study method to analyse selected gendered initiatives and generate lessons to support UNICEF in its efforts to deliver gender transformative results. Country Officers (Cos) were invited to select interventions that (i) addressed gender; (ii) and/or had the potential to scale up due to promising/emerging results, (iii) were able to demonstrate potential and/or emerging gender transformative results and overall, (iv) could translate the emergency (COVID) programming to long term development programming and by doing so strengthen the humanitarian-development nexus. The case study follows the RTE principles of learning (not impact evaluation) and focuses on how to improve going forward to ensure that gender-based programming and results are more responsive and transformative, cognizant of the enabling and dis-enabling factors in diverse contexts. The RTE provided in-depth support to the select cOs and relevant iPs and facilitated the gender analysis in order to develop the way forward. The case studies have been collaboratively developed with the cOs and iPs. The case studies are embedded in the RTE methodology and used as deep-dives to selected programmatic interventions. This includes a twin track approach to ensuring the cOs receive real-time capacity building on gender-transformative programming while the evaluation team has an opportunity to closely engage with the UNICEF COVID response initiatives to draw conclusions and generate lessons on the gender integration and effectiveness. The case studies are not meant as stand-alone products but are part of the enquiry and learning methods for the evaluation.

Introduction: The Women and Girls safe space in Kabul was initiated in 2020 as a direct for women and girls, learning from the experiences of the five safe spaces implemented in the AWLI (Afghan Women's Leadership Initiative in support of Adolescent Girls) project areas of Herat, Farah, Ghor, Samangan and Nangahar provinces.

In a country where girls and women's mobility are restricted, the safe space provided a place for girls and women to socialize, acquire skills, rebuild their social networks, access gender-based violence (GBV) related services as well as information on women's health, rights and services.

How Effective are Safe Spaces?

A systematic review (2021) on the effectiveness of women and girls' safe spaces indicated a paucity of well- structured quantitative evaluations. Of the six evaluations that satisfied the inclusion criteria for the systematic review, none of the studies reported reductions in exposure to or incidence of VAWG among programme participants, and three evaluations demonstrated moderate improvements in psychosocial well-being, social support, and attitudes toward rites of passage. All the programmes met minimum standard objectives to serve as a place where women and girls can access information, resources and support to reduce the risk of violence; and facilitate women and girls' access to knowledge, skills and services and most served as a vital entry point for women survivors to access services. Fewer programmes were able to support women and girls' psycho-social well-being, create networks to reduce isolation and enhance integration into community life; and to generate conditions for women's and girls' empowerment.[120]

Under the UNICEF Gender and adolescent programme in Afghanistan, the AWLI project implemented five safe spaces for adolescents in coordination with the Department of Labour and Social Affairs (DoLSA), the Department of Youth Affairs (DoYA), the Department of Women's Affairs (DoWA), the Directorate/Departments of Education and Public Health, and the Gender Based Violence (GBV) sub-cluster. These safe spaces were connected to gender segregated Reflect Circles[121] (RCs), volunteer legal experts, psychosocial counsellor, midwives, older adolescent girls with leadership qualities, and other relevant Civil Society Organizations (CSOs).

The five safe spaces also had an outreach component. Selected girls with access to mobile networks received mobile phones, met face-to-face in the safe spaces to discuss issues relevant to adolescents and means of dissemination. In addition, *WhatsApp* groups, managed by the AWLI project staff, enabled the girls to share information rapidly through the network. Community Officers assisted Safe Space Officers to closely work with the Reflect Circles (groups of girls discussing early marriage, GBV and harmful traditional practices), community dialogue groups and Change Agents to coordinate and address adolescent girls' and boys' issues, conduct advocacy and networking at the district and provincial levels.

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120 Stark L, Robinson MV, Seff I, Gillespie A, Colarelli J, Landis D. The Effectiveness of Women and Girls Safe Spaces: A Systematic Review of Evidence to Address Violence Against Women and Girls in Humanitarian Contexts. Trauma Violence Abuse. 2021 Feb 22:1524838021991306. doi: 10.1177/1524838021991306. Epub ahead of print. PMID: 33612087

121 The gender segregated Reflect Circles which are established under AWLI project are the primary platforms for bringing about proactive changes in gender perceptions and related behaviors with a focus on girls' education and ending the harmful traditional practices, focusing on child marriage, and gender-based violence.

In addition, District Officers assisted both the Safe Space Officer and Community Officers in coordinating, networking, advocating and monitoring the Safe Space's operations and take joint actions to resolve management related issues. Safe Space officers kept all counselling records confidential. The project M&E team regularly conducted monitoring visits to the safe spaces involving members of Community Development Council (CDC) and community members.

During the project period, a total of 4,846 adolescent girls and young women received services from safe spaces. Lessons learned were that although the safe spaces were well stocked with resource materials, advisory and counseling support, there had been no needs assessment of and by the adolescent girls and young women regarding the safe spaces. Also, accessibility for women and girls with disabilities was a problem. The safe spaces were appreciated for communication using mobile technology.

Findings from AWLI Summative Evaluation (2021)

The use of Safe Space facilities was variable. For example, in Samangan and Nangahar, the communities in these provinces are more traditional, and so the Safe Spaces, functioned more like venues for Reflect Circles or awareness raising meetings. However, as evidenced, the safe space in Herat had a demand for psychosocial services which exceeded what could be supplied. The safe space included a counsellor who actively engaged adolescent girls individually and in groups. The IP admitted that there were community reservations, as psychosocial services *initially,* as these services were for 'crazy people'. The interest in this programme component appeared to also have a ripple effect. The IP explained that three adolescent rights holders met at the safe space, and now they use WhatsApp the communicate with each other independent of the safe space. Hence, whenever one girl is experiencing a difficult time as it relates to early marriage-related issues, the other two girls independently support each other (without an intervention from the counsellor). The constraints preventing the full implementation of this component include: (1) the lack of funds for transportation; (2) the demand for psychosocial services is higher than what can be supplied; and (3) an absence of an appropriate referral system, which prevents girls from easily seeing a physician, when needed.

Through the community-based Life Skills Training, programme participants were exposed to hygiene practices, and, unlike the other provinces a set of beneficiaries in Samangan opened as small shop which sells hygiene products and offers consultations to women.

Figure: Shop selling female hygiene products.

"The environment is very different for a woman to go and ask a man shop keeper to give her such hygienic products." ECW

Interviews with iPs indicate that at the safe spaces, female participants had access to laptops and mobile phones for their use when they came and visit. 'This [location] was open but not twenty-four/seven'; 'They employed community guards to make sure that the resources were not abused'. Inside these facilities, the issues discussed include: (i) sexual and reproductive health; (ii) child marriage; (iii) abuse; (iv) gender-based violence (GBV) and

victims of early marriage; and (v) psychological issues.[122] In Samangan and Herat, IP interviews indicated that some participants asked for legal advice related to *bad*, *badal*, [123] and inheritance cases. In Samangan participants received legal advice from the safe space staff, whereas in Herat, participants could be referred to service providers (government entities).

The context is an important factor when developing programmes to reduce early marriage, promote girl's education, and support women's empowerment. As seen the safe space facility in Herat could not keep up with the demand, whereas in Samangan and Nangahar, the Safe Space was not taken up in the same fashion.

The Women and Girls Safe Space, Kabul

The Women and Girls Safe Space in Bagrami, Kabul was established in mid-2020 in response to the COVID-19 pandemic, in a district that had a high-rate of illiteracy and dropping out of girls as well as a high-rate of child marriage and violence against women and girls.[124] The safe space is located in an area that is conveniently accessible to young women and adolescent girls. The safe space provides various educational, psycho-social support and livelihood related services, similar to the earlier AWLI project. A mentor programme involves older women from the community to be role models to adolescent girls and also refer girls to the centre. The Bagrami safe space unlike the earlier safe spaces has an experienced counselor who provides psycho-social counselling to women and girls and 795 women and young girls utilized this service from October to December 2020 (six months). Also, technical persons such as teachers, health care provider/nurse who voluntarily provide awareness raising sessions, create adolescent and youth friendly environment to express their voices – for example, set up dream wall where participants can post drawings, poems, and quotes of their dreams. In addition, there are legal experts to support the counselor for cases that require legal aid.

Rapid Gender Analysis of the Safe Space

The rapid gender analysis included document review, several FGDs across a three-month period with CO and IP, use of the gender diagnostic scale (see diagram at the end of the case study) to review the conceptual design, activities, delivery and results. Based on the analysis, a gender framework was introduced to the CO and IP by the RTE team and used to synthesize the conceptual design for future planning and delivery to ensure the initiative progresses to the next level on the gender scale. This framework is available in the next section.

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122 FDG ECW, IP002, IP006, IP007.
123 It is known as badal the practice to trade women and girls in a marriage exchanges between families; giving away girls to settle disputes is known as ba'ad.
124 The safe space is supported by several government departments and agencies: Directorate of Justice (DoJ), Directorate of Education (DoE), National and international CSOs, Directorate of Labor and Social Affairs and Child Protection Action Network (CPAN), Department of Youth Affairs (Directorate of Information and Culture), Directorate of Public Health, Afghanistan Independent Human Rights Commission (AIHRC)

Bagrami District has a very traditional culture, with most of the villages under the control of warlords and Taliban. Strict rules about mobility are enforced, with women and girls being allowed to move out of their homes only for school or to go to the clinic with the permission of male family members.

The safe space is the only such centre in Bagrami, and provides a place for women and girls to come out of their homes to access various services. All the staff are women. Women and adolescent girls can socialize, build their capacity, and get legal and psychosocial support. Although a formal needs assessment was not done, both women and adolescent girls face the same legal and psychosocial problems such as gender-based violence, rape, beating by their male family members and so, the services are applicable to both age groups.

Activities being implemented in Bagrami Safe Space include: a) educational programmes such as literacy classes, basic English and computer classes, how to use internet and web browsing, art workshops and an introduction to social networks; b) capacity building and awareness raising about child rights and child marriage, abuse and violence, personal health, legal awareness and support c) psychosocial and psychological services and awareness sessions. Women and girls had never created wishes for themselves, neither did they understand what is emotional and psychological health or that GBV violates women's rights though it is cultural. By creating a wish club inside the centre women and girls were able to express their wishes and post them on the wall of the safe space and discuss with peers. The curriculum aims to build educational, livelihood and self-confidence skills to enable the girls and women to express their voices at home. Specialized human resources – counselor, legal expert, and social mobilizer contribute to the quality of the programming. About 1491 women have accessed U-report in Bagrami and by producing masks, 50 women's economic situation was improved. In this sense, the project is **gender sensitive and gender targeted** to serve the needs of girls and women, ie acknowledges but does not robustly address gender inequalities.

Initially there were many challenges as families would not allow their daughters to come to the safe space. Often, the girls' fathers or brothers would wait outside the centre, but within a short period of six months, with increased trust and confidence of the community members, girls and young women were allowed to come and visit the safe centre freely and with no hesitation. The project has the support of community elders and Shuras in Bagrami and community mobilizers run awareness sessions about safe space and women rights for men and boys. **This change is emerging and approaching being gender responsive**, as girls and women have increased mobility with the support of the family, indicating very initial and emerging changes in social norms within the families.

Overall, the intervention has positive gender sensitive and partially responsive programming elements which could lead to transformative change at community level with the right push in terms of long-term programming, adequate resources and addressing the elements of gender responsiveness.

Way Forward: Towards gender transformative programming through additional focus on women and girls' empowerment and responsiveness

Through systematically addressing the various empowerment dimensions, and tracking changes in empowerment through outcome level indicators, it is possible for the safe spaces programme to continue

to strengthen its gender sensitive programming and to gradually shift to gender responsiveness on the scale, recognizing that in some cultural contexts reaching gender transformative results requires long term investment in change processes

To build on the initial gains and activities of the safe space to be more gender responsive if not transformative, the *power to, power with, power within and power over* framework was adopted to plan next steps. This gender framework was chosen to construct the way forward as the safe spaces were addressing many of these dimensions.

What is empowerment?

There is no standard definition of empowerment. Rather, **empowerment is a multi-dimensional construct shared by many disciplines**, including human rights, gender, education, health, protection, psychology, and economics, among others. Based on a summary of the extensive literature on empowerment, *UNICEF Technical Note on Adolescent Empowerment* defined adolescent empowerment as: A personal journey during which an adolescent (age 10-19), through increased assets and critical awareness develops a clear and evolving understanding of themselves, their rights and opportunities in the world around them, and through increased agency, and voice and participation, have the power to make personal and public choices for the improvement of their lives and their world.

the process by which women take control and ownership of their lives through expansion of their choices. (Naila Kabeer[125])
it is in its avoidance of discussing power that the fundamental weakness of the literature on women and development lies (Jo Rowlands)[126]

By addressing these power related issues, the safe space could *in the long-term* ensure greater gender responsiveness and address not just the practical needs of girls and women, but also the strategic needs that are essential for gender equality. It is recognized that in traditional settings, this process is likely to take many years and has *implications for continued support and funding*.

The following table includes activities that would strengthen the empowerment of girls and women and therefore move from gender sensitive to gender responsiveness. These were identified by the implementing partner, Action Aid during discussions with the RTE team.

Table 11: An empowerment approach to strengthen gender responsive planning and implementation

Power dimensions	Possible activities for the next phase
Power to *the increase in skills and capabilities so that one can contribute, decide and take the lead. This could be skills of communication, livelihood, learning, etc*	Continue the various educational and skill building activities with Increasing livelihood opportunities for women and girls.

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125 Reference to be added
126 Reference to be added

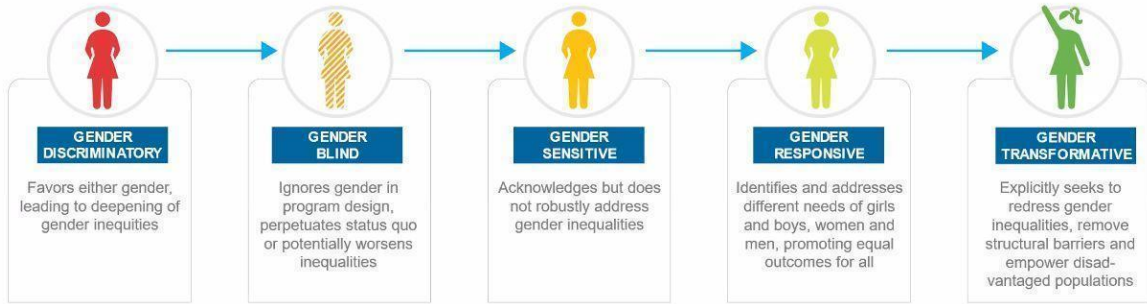| Power with	During the monitoring visits to include
seeking collaborative and collective action for the collective good and to create an enabling environment. This is often found in group (small or large), network formation, collectives, etc.	consultations with the safe space participants; participants to be involved in the decision-making for the safe spaces' activity planning such as embroidery, English, Wish Club and to identify their needs and monitor change. Encourage group solidarity – already emerging where women support each other for livelihood activities (one women brings her sewing machine, another teaches and the safe space provides materials)
Power within leads to increase in motivation, confidence to contribute, sense of belief to bring change, excel and lead change. Power within is usually expressed once power to, power over and power with has been experienced.	To continue to build self-confidence, expression of wishes, communication and awareness of human and women's rights – to build on activities under power to and power with.
Power over This is often difficult as it addresses structural unequal power relationships. To gain power over, someone has to let go of it. Includes ability to overcome resource and power constraints to reach one's potential, to take control of one's own, personal and professional decisions and in doing so, enable the person to increasingly influence and have a voice.	To extend work with community members (CDC members, religious leaders; male and female) to inform on women's rights such as inheritance, early child marriage and GBV. To address patriarchal structures by involving the male community members and leaders to jointly listen and plan for the GBV reduction activities in the community. To strengthen advocacy at the community and district level such as with religious leaders and CDC to raise human rights awareness in Sunday prayers, to work with youth committees, dialogue through community reflect circles and so on.

The Bagrami Kabul safe spaces demonstrates the value of transitioning COVID-19 fueled intervention to long term development programming in order to capitalize the gains from humanitarian assistance. Safe space programming, if continued, has the potential to strengthen the empowerment elements in the future. **For these reasons, tracking, documenting and incorporating outcome level data to demonstrate changes in agency, structure and relations is critical to assess the gender responsiveness and gender transformation of the intervention**.

BUILDING BACK BETTER USING TRANSFORMATIVE APPROACHES

Gender-transformative programming tackles root causes of gender inequality and moves beyond self-improvement among girls and women to **address power dynamics and structures** that reinforce gender inequalities

UNICEF applies the **Gender Continuum diagnostic tool** to **evaluate the effectiveness** of a development or humanitarian intervention in addressing gender inequalities in program design, implementation, monitoring or evaluation

GENDER DISCRIMINATORY	GENDER BLIND	GENDER SENSITIVE	GENDER RESPONSIVE	GENDER TRANSFORMATIVE
Favors either gender, leading to deepening of gender inequities	Ignores gender in program design, perpetuates status quo or potentially worsens inequalities	Acknowledges but does not robustly address gender inequalities	Identifies and addresses different needs of girls and boys, women and men, promoting equal outcomes for all	Explicitly seeks to redress gender inequalities, remove structural barriers and empower disadvantaged populations

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ATTACHMENT 2: CASE STUDY: INDIA RCCE

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Background:

The RTE used the case study method to analyse selected gendered initiatives and generate lessons to support UNICEF in its efforts to deliver gender transformative results. cOs were invited to select interventions that (i) addressed gender; (ii) and/or had the potential to scale up due to promising/emerging results, (iii)were able to demonstrate potential and/or emerging gender transformative results and overall, (iv) could translate the emergency (COVID) programming to long term development programming and by doing so strengthen the humanitarian-development nexus. The case study follows the RTE principles of learning (not impact evaluation) and focuses on how to improve going forward to ensure that gender-based programming and results are more responsive and transformative, cognizant of the enabling and dis-enabling factors in diverse contexts. The RTE provided in-depth support to the select cOs and relevant iPs and facilitated the gender analysis in order to develop the way forward. The case studies have been collaboratively developed with the cOs and iPs. The case studies are embedded in the RTE methodology and used as deep-dives to selected programmatic interventions. This includes a twin track approach to ensuring the cOs receive real-time capacity building on gender-transformative programming while the evaluation team has an opportunity to closely engage with the UNICEF COVID response initiatives to draw conclusions and generate lessons on the gender integration and effectiveness. The case studies are not meant as stand-alone products but are part of the enquiry and learning methods for the evaluation.

Introduction: Under UNICEF's RCCE (Risk Communication and Community Engagement) umbrella, the implementing partner, Digital Empowerment Foundation (DEF) intended to reach men, women and children in 500 locations in 69 districts of 16 states between July and December 2020 with messages

revolving around the themes of COVID-19 Appropriate Behaviour (Prevention and Practices; and Stigma and Discrimination), COVID-19 Sensitive Health and COVID-19 Sensitive Nutrition.

The DEF proposal targeted a diverse audience and included:
 i. General public comprising of community members, panchayat, representative, line department officials, youth & SHG women
 ii. Vulnerable and marginalized population (pregnant and breastfeeding women, children zero to 18 and people with co-morbidities like diabetes, hypertension etc.)
 iv. Existing network of volunteers formed with the help of YuWaah UNICEF platform and network of Digital Entrepreneurs present[127]
 v. School teachers
 vi. School children
 vii. Frontline health workers, opinion leaders/influencers/panchayat representative

The <u>objective of the DEF initiative</u> was to mitigate the stigma and discriminatory rumors and increase awareness, knowledge, and understanding of people. It also informed and trained people about preparedness, prevention, and response practices against COVID-19; and engaged community members about the correct response to control the outbreak.

DEF, a not for profit organization, is one of the pioneers for the Digital India scheme[128] initiated by the Government of India, in 2015. The government provides initial capacity building and a little seed money to initiate the Community Information Resource Centres (CIRCs). Various researches, including studies by DEF have indicated that those who own smart mobile phones do not access digital banking services or government schemes. Further, women are less likely to use the internet for information.

DEF's mandate is to enable digital literacy, digital services and citizen services, with a focus on digitally enabling marginalized communities through its vast network of about 700 CIRCs, in remote and semi urban areas, and the Soochnapreneurs ('Information Entrepreneurs') who are from the community and manage the CIRCs. The CIRCs are physical spaces with digital infrastructure such as broadband connectivity, laptops, camera, printer, scanner, biometric device and overhead projector. The Soochnapreneurs, as the term suggests are entrepreneurs, trained to provide digital services to the community for a small fee. The UNICEF RCCE project piggybacked on the existing DEF infrastructure and its cadre of Soochnapreneurs. Of the 500 persons involved in the project, 300+ were Soochnapreneurs and the other 200 or so were youth volunteers, recruited for the project. Different messages were disseminated during the five phases as per the approved plan.

Implementation across 500 locations in 69 districts of 16 states included seven activities related to a) outreach such as What's App group messages, leaflets, wall messages and public announcements; and b) engagement or face-to-face (3) such as door-to-door awareness raising, community meetings and youth meetings. Engagement activities also included distribution of leaflets. Such a hybrid approach was found to be useful as the different types of face-to-face interactions enabled trust building, whereas the outreach activities enabled reaching a wider audience. DEF has systematically monitored all the above activities and have overall exceeded the targets they intended to reach.

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127 The volunteers were youth group members who were mobilized to join the Soochnapreneurs

128 Ministry of Electronics & Information Technology (MeitY) Government of India intended to "ensure the Government's services are made available to citizens electronically by improved online infrastructure and by increasing Internet connectivity or making the country digitally empowered in the field of technology". See https://www.digitalindia.gov.in/

Each activity is incentivized such as number of door-to-door visits, number of youth present for the youth meetings and similar for community level meetings, minimum number of youths needed to form a youth group and so on. For each of the five cycles of information-giving, data for meetings and persons attended is easily available although for community and youth meetings, sex disaggregated data was difficult to collect. DEF has a strategy to gradually recruit more and more women as Soochnapreneurs because they are 'reliable, accountable, committed and less corrupt'.[129] Currently, about 40 per cent of Soochnapreneurs are women, 45 are with a disability and among 5000 Youth Members (aged 18 to 30 years), 38 per cent are women. DEF is committed to include more women and disabled as it expands its programme.

Gender Analysis of the Initiative

The rapid gender analysis included document review, several FGDs across a three month period with CO and IP, use of the gender diagnostic scale (see diagram at the end of the case study) to review used to scan strategy, activities, outputs and results or outcomes. Based on the analysis, a gender framework was used to synthesize the conceptual design of intervention, content and delivery to ensure the initiative progresses to the next level on the gender scale. This framework is available in the next section.

Strategy
DEF has a strategy to include more women as Soochnapreneurs, citing their reliability and commitment to work. Earlier experience had indicated that community women are more comfortable discussing SRHR, menstruation i.e biological sex related issues, with female volunteers than men. DEF's preference for women, also stems from the greater turnover among male Soochnapreneurs and volunteers as they may migrate due to greater mobility. The gender **analysis** indicates that the reason for including women is for efficiency and accountability**,** and not necessarily for empowerment purposes.

DEF also has criteria for Soochnapreneur selection which includes confidence, ability to mobilize and so on. Selection criteria may privilege women who have had other opportunities for leadership such as anganwadi workers, teachers, community workers and so on. It is possible that although the women volunteers come from lower caste groups, they *may* have been privileged by education, status, or work-related opportunities. Hence, deliberate recruitment of women may be considered as **gender sensitive at best**.

Activities
A content analysis of the messages targeted to pregnant and lactating mothers and adolescents on menstruation and SRHR –referred to the biological needs and were **gender sensitive,** acknowledges but does not address structural inequities on gender. Although the project identified many segments of the population (with many overlaps), the messages regarding COVID-19, including on stigma and discrimination and myth busters as well as the capacity building of community volunteers (functional to the project task) was **gender blind.**

Male Soochnapreneurs were asked to be empathetic to women's needs, to examine the knowledge and practices of women and since there is no mention of existing power relationships that entitle men, nor any reference to structural inequalities, the messaging or training for male soochnapreneurs may be

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129 Interview with DEF leadership

gender blind as issues of violence, unequal work of women and other such issues were not discussed. **Structure and relations**[130] were not seemingly addressed in the key activities or content of IEC.

Results – outputs and outcomes
As mentioned earlier, the reporting is output oriented, and it is difficult to conclude what change in behavior occurred with so many activities reaching lakhs of people. Also, many simultaneous messages and communication by the government on TV, radio, mobile messages and through various grassroots-level functionaries would render any effort to attribute value addition provided by the DEF messages to behaviour change/outcomes useless (not that this was intended to happen). However, it is likely that the DEF messages *contributed* to appropriate, relevant and timely COVID-19 information dissemination to communities.

Feedback through FGD[131] and interview with DEF leadership[132] indicates that being a Soochnapreneur has resulted in the women acquiring social status and is an important step forward for making women's work outside of the home visible and appreciated. However, this change was not intentional but an unexpected outcome related to prioritizing the selection of women because of their efficiency and reliability.

The **feedback** from the Soochnapreneurs (in the FGD discussion with UNICEF) indicated challenges in getting wall permission to write messages, mobilizing the community, the demand for incentives for coming to meetings, but these challenges are common to any programme and not necessarily for a gender related one. Also, the Soochnapreneurs informed that it was very difficult to target men, boys and men in leadership positions (Sarpanch or village leader) for COVID-19 messages (**unable to address structure and relations**). Was this because women were providing the messages or because boys and men believe that they are privileged, not familiar with restrictive behaviour and believe masking is contrary to their masculinity or a combination of these? DEF's studies[133] have indicated the persistent gender divide for smart phone ownership and access to the internet and its *very limited use by women*, hence the use of WA groups for message dissemination and discussion, may have privileged some women over others regarding digital access.

Therefore, some of the **feedback received is possibly gender discriminatory and reinforces the** prevailing **gender stereotypes**. Soochnapreneurs have naturally veered to talking with young boys as they seem more amenable to listening to the messages than the older boys.

Overall, the programme has exceeded the targeted number of persons reached with COVID-19 related messages, has recruited women as Soochnapreneurs, but the programming, for the reasons mentioned above, is currently **gender blind, that is g**ender is ignored in the design, and has perpetuated status quo and not addressed inequalities.

Way Forward: Enhancing Gender and Equity using a gendered Theory of Change (ToC)

The *original theory of change* was that Soochnapreneurs through outreach and engagement, using a hybrid approach i.e., digital and face-to-face, increase the knowledge of women, men, youth and children in the village community on various COVID-19 related issues of the disease, health, nutrition and other

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130 Structure and relations with respect to gender refers to institutional, structural power and relations refers to the unequal power relationships that exist because of gender and other inter-sectionality.
131 DEF feedback session with UNICEF and DEF field team May 4, 2021
132 Interview conducted as part of the case study process
133 Digital Gap of Bihar and Jharkhand, DEF April 2021 and Digi Poshan, DEF (no date)

biological related needs of girls and women (related to SRHR). The intent was to reach the maximum number of persons with COVID-19-related messages and for which the programme has exceeded expectations. The original ToC can be considered *gender blind.* **However, the learnings from Phase One indicates promising entry points for gender sensitive and gender responsive programming.**

A more *gendered theory of change[134]* for the proposed extension of the DEF intervention would include:
- Analysis of **context**- how do social relations and institutions bear on the issue of gender
- identifies **desired change** – vision of change in the lived realities of girls, women, marginalized on the particular issue, COVID-19
- describes the **change process** – mapping changes in social relations and institutions and linked to the vision; develops indicators to track desired change
- articulates the **actions by actors** – identifies the actions of diverse actors to bring the desired change
- **risks and strategies** to overcome gender discrimination – identifies risks and barriers related to desired change, change process and actions by actors
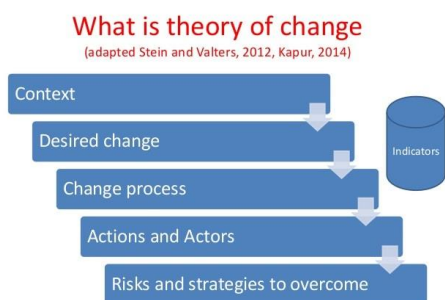
The TOC needs to be revisited periodically based on lessons learned from implementation and preferably modified with the inclusion of the target population – girls, women, and the marginalized. A 'live' gendered TOC is a learning opportunity to analyse actual change. Indicators both quantitative and qualitative are developed to measure gender specific (information on SRHR) and gender redistributive indicators (such as equal access to digital devices).

Proposed Engendered TOC (by IP, DEF)
The elements of this TOC were developed by the IP with technical support from India CO and RTE.

1. *Context Analysis:*
The IP, DEF will undertake a quick assessment of the current knowledge, myths and gaps of the Soochnaprenures and different audience groups in the community. Assess the current sources of information, media which is most accessible and acceptable to which target group, especially women and girls in the community. Identify what the community learned from the first phase that the second phase will complement.

DEF will conduct a need assessment of all the Soochnapreneur to capture the Soochnapreneur profile, role, and their alignment with other functionaries (anganwadi workers, teachers, ANMs, ASHAs, panchayat members and their various committees, youth groups, SHG groups and others) as well as their current knowledge, practices, myths, and gaps with reference to gender. A **gendered inter-sectional**

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134 Danielle Stein and Craig Valters August 2012, Understanding Theory of Change in International Development, JSRP, Paper 1, International Development Department, LSE, Houghton Street, London WC2A 2AE; Hay, K, 2012, Theory of Change: an Introduction for the "Engendering Policy through Evaluation Project", September 21, Hyderabad

analysis[135] of the Soochnapreneurs' profile will provide further insights on the application of the LNOB principle.

Based on the assessment above, DEF will identify which target group to address and have a gender differentiated strategy where possible, such as the special needs of girls and women. A plan to engage with men and boys will be included, given the low-risk perception of men and their mobility. The messaging may include positive masculinity.

2. Desired Change:
Improved knowledge, attitudes, practice of barriers related to gender and COVID-19 appropriate and sensitive behaviour among men, women, other target groups including Soochnapreneurs. DEF outreach and engagement of Soochnapreneurs will result in increased knowledge about COVID, tailored to target groups and will ensure change in COVID-19 related gendered behaviour.

3. Change Process:
Soochnapreneurs being from the community and especially marginalized communities will be able to use gender sensitive communication and messaging to communicate with the community members about COVID-19.

Soochnapreneurs and targeted girls, boys and women will demonstrate leadership and communication skills to include contextual gender related content relevant to the issue.

If men Soochnapreneurs listen, learn and are empathetic, they practice gender sensitive behaviour and address male entitlement.

Digital messages along with multiple communication channels reach more women and girls.

The leaflets, and other written materials could be read and understood by the diverse target audience and were used by them for more knowledge which would change behaviour.

4. Actions by Actors:
By DEF and Soochnapreneurs

Design messages and materials that are gender sensitive [1] and contextual; plan for the use of chatbots based on Rapid Pro; monitor use and non-use.

Implement gender sensitization training for all Soochnapreneurs.

Distribute leaflets, arrange community meetings, write wall messages with support of Soochnapreneurs along with use of digital media to disseminate knowledge about COVID-19.

By UNICEF CO

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135 Gender inter-sectional analysis addresses gender, caste, sex, race, class, sexuality, religion, disability, physical appearance, and other vulnerabilities. These intersecting and overlapping social identities may be both empowering and oppressing.

Support DEF's development of a gender sensitization training module based on Soochnapreneur need assessment findings.

Use the gender RCCE material developed by CO to inform gendered communication. [136]

6. Risks and strategies to overcome:

There is a risk that women and men Soochnapreneurs do not change their own engendered knowledge and practice related to COVID, that access to information by women, girls and marginalized is slow to progress and gender champions are not available in the community to support DEF work. Using participatory monitoring and reflexivity processes, Soochnapreneurs can discuss and self-assess and ensure that the programme is adaptive to changing needs.
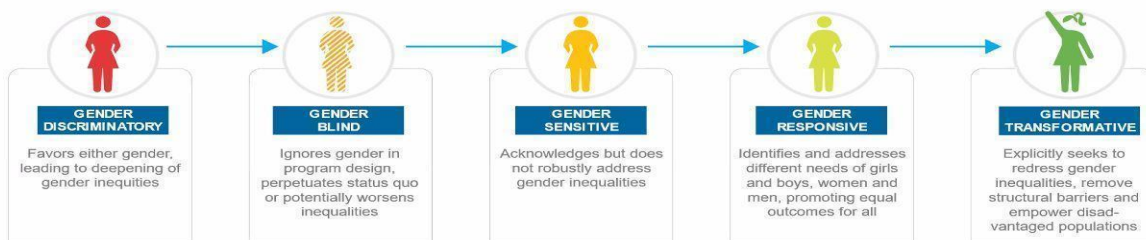
7. Indicators of change:

Indicators to track change in knowledge, attitudes, practice, among men, women, other audience groups on COVID-19 Appropriate Behaviours and COVID-19 Sensitive behaviour will be captured through Photo/video and online data collection form (ODK). The ODK to be used will be finalized in agreement with UNICEF. The outcome level indicators will enable analysis of extent of change on the Gender Scale.

The case study demonstrates how an IP, DEF intends to move from a gender blind approach to a more gender responsive using the Gender Diagnostic Tool and an engendered TOC as frameworks. **Importantly it indicates how a short six months project intended to widely disseminate mostly gender blind COVID-19 information identified learnings related to gender inclusion and gender empowerment and was able to incorporate these learnings to advance from being a gender blind programming to a gender sensitive and gender responsive one. To ensure that gender outcomes are documented and tracked, it is critical to include outcome level changes in gendered agency, structure and relations.**

BUILDING BACK BETTER USING TRANSFORMATIVE APPROACHES

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136 Please add reference to the material

ATTACHMENT 3: CASE STUDY: NEPAL CHILD GRANT PROGRAMME

©UNICEF/Narendra Shrestha.

Background:

The RTE used the case study method to analyse selected gendered initiatives and generate lessons to support UNICEF in its efforts to deliver gender transformative results. COs were invited to select interventions that (i) addressed gender; (ii) and/or had the potential to scale up due to promising/emerging results, (iii)were able to demonstrate potential and/or emerging gender transformative results and overall, (iv) could translate the emergency (COVID) programming to long term development programming and by doing so strengthen the humanitarian-development nexus. The case study follows the RTE principles of learning (not impact evaluation) and focuses on how to improve going forward to ensure that gender-based programming and results are more responsive and transformative, cognizant of the enabling and dis-enabling factors in diverse contexts. The RTE provided in-depth support to the select COs and relevant IPs and facilitated the gender analysis in order to develop the way forward. The case studies have been collaboratively developed with the COs and IPs. The case studies are embedded in the RTE methodology and used as deep-dives to selected programmatic interventions. This includes a twin track approach to ensuring the COs receive real-time capacity building on gender-transformative programming while the evaluation team has an opportunity to closely engage with the UNICEF COVID-19 response initiatives to draw conclusions and generate lessons on the gender integration

and effectiveness. The case studies are not meant as stand-alone products but are part of the enquiry and learning methods for the evaluation.

Introduction to the CGP: The Child Grant Program (CGP) in Nepal was initiated in 2009-2010 as a social protection measure to address malnutrition in early childhood. The programme targeted all children under the age of five years in five Karnali districts and all Dalit children under five years across the country. The CGP is recognized as a best practice example for Universal Child Benefits. In 2015, with UNICEF support, the government prepared an expansion plan to universalize the CGP gradually across all 77 districts. The child grant was scaled up in districts in 2016 and later in 2018 additional six districts were included. During the pandemic, the government announced expansion of the child grant in 11 more districts an 80 per cent increase in the number of children being covered by CGP, signalling a commitment to expand the ongoing social protection programme. As per the plan, the government aims to reach to 1.3 million children by the end of this fiscal year (July 2021).

The Department of National ID and Civil Registration (DoNIDCR) under the Ministry of HomeAffairs (MoHA) is the lead agency responsible for standard setting, and overseeing implementation at the national level. At the sub-national level, municipalities or *palikas* are responsible for the programme implementation. Mothers or primary caregivers of children under the age of five are the recipients of the benefits. The expansion and implementation of the CGP is supported by multiple donors, including UNICEF, at the central level and by various NGOs and INGOs (who work more or less autonomously) at the now decentralized district implementation level.

A baseline study in 2019 and an early impact study in 2020[137] (commissioned by UNICEF) highlighted some of the benefits and challenges of the CGP. The evaluation confirmed a lower prevalence of wasting and underweight of the children enrolled in the CG Programme – showing that the programme is making a positive difference in reducing these two nutritional issues among children under five to some extent.

The evaluation indicated that there was *more* likelihood of children attending early childhood education. For women, the evaluation pointed out to an increasing focus on pregnancy/in-utero development of children and mother's health to achieve successful results in reducing stunting.

The Child Grant was not designed to affect women's empowerment directly but the reconstructed theory of change (during the evaluation) indicated some change in women's decision-making, and agency leading to women's empowerment. The analysis from the early impact evaluation indicated statistically significant evidence that women receiving the grant had better agency concerning their ability to make decisions regarding their children and their own sexual health and reproductive rights. This was attributed to the cash transfers which were in their name and enabled independent access to economic resources, ability to make decisions regarding their children and their own health needs. But this did not necessarily translate into significant changes in intra-household decision-making power indicating that social norms need time to change and require comprehensive interventions to address structural inequities. It is

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137 EPRI, (2019) Baseline Report of the Baseline Assessment of the Child Grants Program in 20 Selected Districts in Nepal, 2019; EPRI, (2020) Early Impact Evaluation and Evaluation Evaluability Assessment of the Nepal's Child Grant Program 2009-19

possible that the CGP may be of insufficient value to drive significant change in intra-household dynamics on decision-making – essential for transformative change. However, this finding indicates that the CGP has created pathways for women's empowerment.[138]

Therefore, the Early Impact evaluation specifically recommended complementing the Child Grant with the necessary investments to empower women and increase their intra-household bargaining power through education, training, income-generating opportunities and the like.

Rapid Gender Analysis of the Programme

The rapid gender analysis included document review, several FGDs across a three month period with CO and IP, use of the gender diagnostic scale (see diagram at the end of the case study) to review used to scan strategy, activities, outputs and results or outcomes. At the outset, each CO was asked to identify where they believed the programme or intervention was on the gender diagnostic scale. The RTE then worked with the CO to discuss the elements of the gender scale and populate the gender analysis of the intervention. (See section on Rapid Gender Analysis). Based on this analysis, a gender framework was used to synthesize the conceptual design of intervention, content and delivery to ensure the initiative progresses to the next level on the gender scale. This framework is available in the Way Forward section.

The CGP was a cash-transfer programme targeted initially towards all under five children, boys and girls, in selected districts and later universalized for all under five years of age Dalit children, and soon to be expanded to all districts. The programme was targeted to all children – boys and girls and children from the most marginalized communities.

The cash transfer was in the name of the mother; however, the intention was more maternalistic rather than feminist.[139] In that sense it was **gender sensitive, acknowledges but does not robustly address gender inequalities.**

The early impact evaluation focused on the social protection and policy related issues, while ensuring gender and equity focused analysis. It identified **positive unexpected outcomes** related to women's agency and empowerment. Women reported greater control of their lives, and greater decision-making (use of the grant money). Other findings indicated that girls under five received the same nutrition benefit as boys and both were more likely to go to early childhood education. Mothers spent more time with the children as did the fathers although twice as more women did so than the men. Mothers of the CGP were linked with the banks/financial institution, have bank account and increasing financial literacy. These findings indicate some change in agency and gender relations. What did not change was women's decision-making in relation to decisions regarding money, spouse's earnings, own occupation or health, child's health and major household purchases. Joint decision-making involved the husbands and in-laws, with fathers-in-law taking a leading role with the husbands.

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138 The Early Impact study also cited that previous studies in Nepal have found that women who are employed or generate cash income are more likely to have more autonomy; due to social norms and practices, women's autonomy also increases with age
139 See page 35 of Early Impact Study, 2020

The early impact evaluation suggested that a targeted approach towards women's empowerment and gender sensitization, involvement of men in the family, better access and linkages to services such as health and financial related as well as monitoring and evaluation at local levels would strengthen the impact of the CGP. This has implications for strengthening the agency of women and increased access to resources, addressing structural access and change in relations.
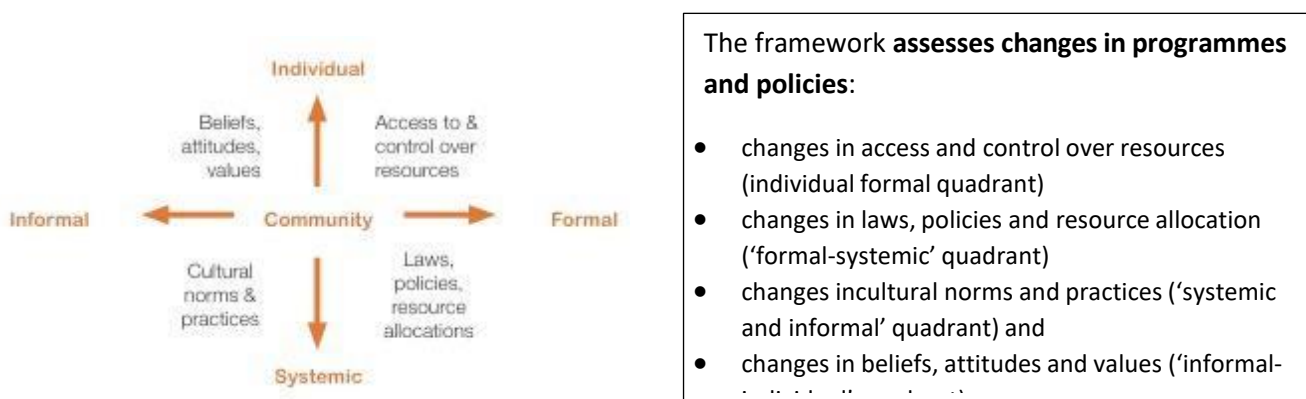
Overall, the analysis suggests that a programme that **began as a gender sensitive programme**, acknowledging but not robustly addressing gender inequities has shown definitive evidence regarding **gender responsiveness**, identifying the different needs of women and men (and girls and boys) to promote equal outcomes for all. The programme has the **potential to be gender transformative** by explicitly seeking to redress gender inequalities, remove structural barriers and empower disadvantaged populations.

Way forward: From gender sensitive to gender transformation

As UNICEF Nepal expands its footprint in promoting and strengthening gender transformative interventions, the findings from the baseline and the early impact evaluation indicates a possibility to contribute to engendering the CGP at policy level, with inter-sectoral collaborations and at the provincial implementation level in collaboration with INGOs and NGOs. As CGP is poised for a major expansion, UNICEF Nepal is in a unique position to contribute to gender transformative programming and results.

The Gender at Work framework was used to suggest various activities related to policy, resource allocations, agency, structure and relationship – formal and informal- that could enable gender transformative programming of the CGP. This framework was suggested as it has one quadrant devoted to laws, policies and resource allocations and aligns with the work by Nepal CO with the CGP.

Figure One: Change Matrix[140]

The framework **assesses changes in programmes and policies**:

- changes in access and control over resources (individual formal quadrant)
- changes in laws, policies and resource allocation ('formal-systemic' quadrant)
- changes incultural norms and practices ('systemic and informal' quadrant) and
- changes in beliefs, attitudes and values ('informal-
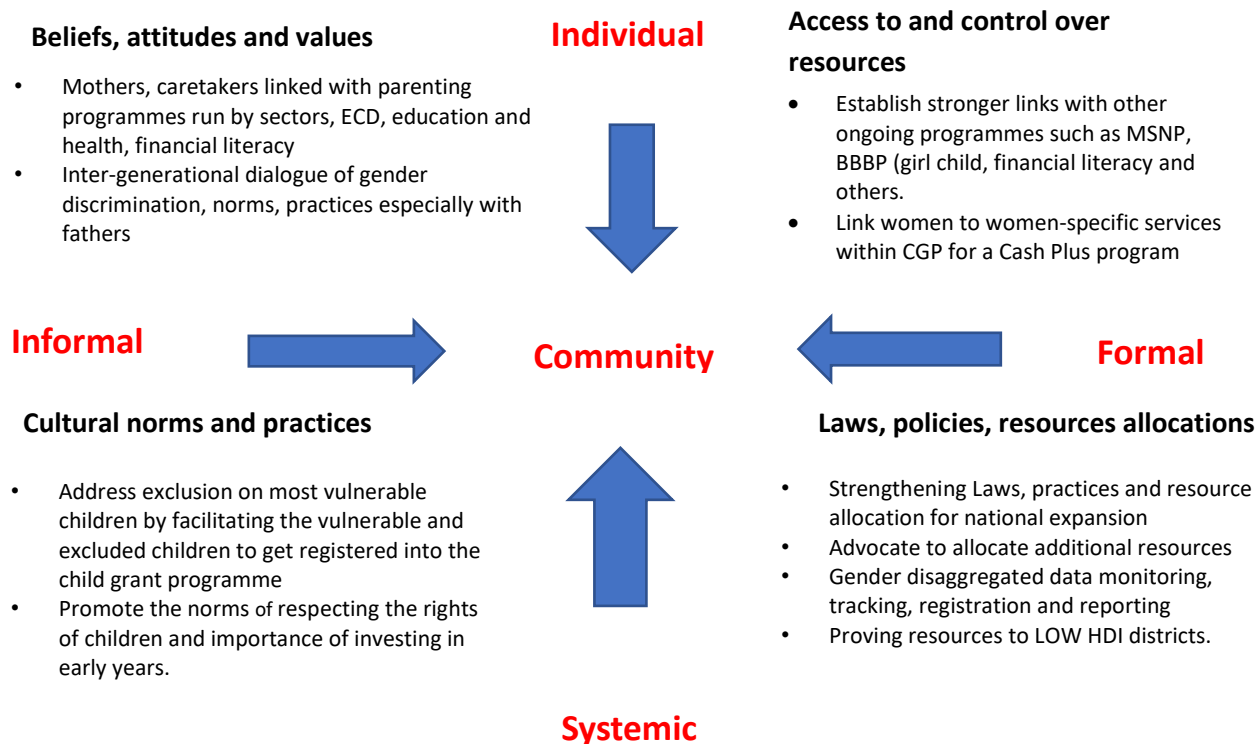
While planning forward, the change matrix provides a useful framework to add activities in the four quandrants for gender transformation. The change matrix enables tracking outcomes and can be used to

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140 The Change Matrix was developed by Aruna Rao and David Kelleher of Gender at Work in 2002 and adapted later by Srilatha Batliwala in 2008.

evaluate work or to determine, which quadrant needs further strengthening. Based on the discussions with Nepal CO, the following activities populated the change matrix.

Individual

Beliefs, attitudes and values

- Mothers, caretakers linked with parenting programmes run by sectors, ECD, education and health, financial literacy
- Inter-generational dialogue of gender discrimination, norms, practices especially with fathers

Access to and control over resources

- Establish stronger links with other ongoing programmes such as MSNP, BBBP (girl child, financial literacy and others.
- Link women to women-specific services within CGP for a Cash Plus program

Informal

Community

Formal

Cultural norms and practices

- Address exclusion on most vulnerable children by facilitating the vulnerable and excluded children to get registered into the child grant programme
- Promote the norms of respecting the rights of children and importance of investing in early years.

Laws, policies, resources allocations

- Strengthening Laws, practices and resource allocation for national expansion
- Advocate to allocate additional resources
- Gender disaggregated data monitoring, tracking, registration and reporting
- Proving resources to LOW HDI districts.

Systemic

The combined activities, tracked at outcome level, are likely to inform the CGP+, cash plus programme and **result in greater empowerment and gender transformation,** i.e. explicitly seek to redress gender inequalities, remove structural barriers and empower disadvantaged populations.

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Gender-transformative programming tackles root causes of gender inequality and moves beyond self-improvement among girls and women to **address power dynamics and structures** that reinforce gender inequalities

UNICEF applies the **Gender Continuum diagnostic tool** to **evaluate the effectiveness** of a development or humanitarian intervention in addressing gender inequalities in program design, implementation, monitoring or evaluation

GENDER DISCRIMINATORY	GENDER BLIND	GENDER SENSITIVE	GENDER RESPONSIVE	GENDER TRANSFORMATIVE
Favors either gender, leading to deepening of gender inequities	Ignores gender in program design, perpetuates status quo or potentially worsens inequalities	Acknowledges but does not robustly address gender inequalities	Identifies and addresses different needs of girls and boys, women and men, promoting equal outcomes for all	Explicitly seeks to redress gender inequalities, remove structural barriers and empower disadvantaged populations
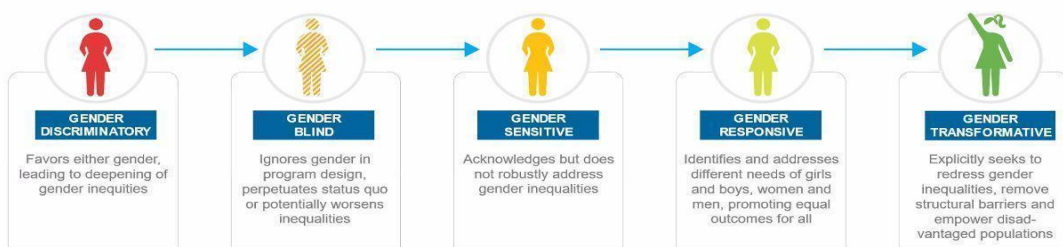
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ATTACHMENT 4: CASE HIGHLIGHT: CATALYSING GENDER TRANSFORMATION THROUGH EVALUATION

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The initial ToR for the gender RTE sought to enhance organizational capacity of formal self-assessment on gender, with simultaneously also increasing the evaluative thinking on gender issues across the evidence and programming functions.[141] One of the key outcomes for the evaluation was to help think what the gender transformation would look like in UNICEF programming – to act as a catalyst for change. One important element of the evaluation was to operationalize the UNICEF gender scale as measurement tool, but inherent to this process was increasing the understanding of what is meant by gender transformative programming, especially in an emergency context. The evaluation sits tightly in the inter-section of evaluation *for* and *as* transformation (where the evaluation supports engineered systems change and the evaluation is intentionally transformational) and evaluation *of* transformation (the pandemic is de facto a huge transformation changing permanently our society). ***The evaluation situates itself as gender transformative.***

During the UNICEF Covid-response, two other real-time evaluative exercises (with independent evaluators) where rolled out in the South Asia region. The India Country Office conceptualized at an early stage of the outbreak a real-time evaluation of UNICEF's response to the Covid crisis in India. The India RTE covered the response across six programming pillars with the objective to assess and improve the

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[141] Concept note, Real-Time Evaluation of Gender Integration in the UNICEF COVID-19 Response in South Asia, UNICEF ROSA, July 2020

relevance, coverage, effectiveness, and efficiency of its COVID-19 crisis response, by providing immediate feedback and recommendations to the management, and to collect lessons for planning future health emergency responses. The design of the evaluation (approach, methodology) was not specifically looking at gender elements of the response or at catalysing change on gender programming, for instance pillar 3 looked at *provision of adequate health care for women, children, and vulnerable communities*, including case management, provision of essential routine health and nutrition services, pillar 4 access looked at continuous education, social protection, child protection, and *gender-based violence (GBV) services* and pillar 5 at data collection and social science research *on the secondary impacts on children and women.* ***The approach and focus situates itself somewhere between gender-sensitive and responsive and shows a level of commitment to evaluating gender programming.***[142]

UNICEF's COVID-19 response in SAR was also part of the global real-time assessment (RTA) carried out simultaneously in seven regions during the last quarter of 2020. The global RTA was designed at the UNICEF Evaluation Office in July 2020[143] and focused four overarching questions around adaptation, implementation, quality and lessons learned. With respect to the scope of the RTA, gender was not visibly part of the concept note, or inherent or explicit in the key evaluation questions, leaving it up to the implementing regional offices to integrate additional gender elements to the specific enquiry areas (the regions were provided with the maximum flexibility to customize the approach). While majority of the regions did integrate gender in their respective regional synthesis reports to some level, the gender-related data and enquiry areas remained limited.[144] In ROSA, the parallel gender RTA ensured that the lessons on gender programming during the response period would be documented and parts of the Operational Review findings were used for the regions RTA report. In short***, the initial global RTA design was rather gender-blind, and with a stronger and strategic initial focus on gender, there could have been more generalizable findings across the UNICEF programming regions, helping UNICEF to move towards more gender transformative programming***.

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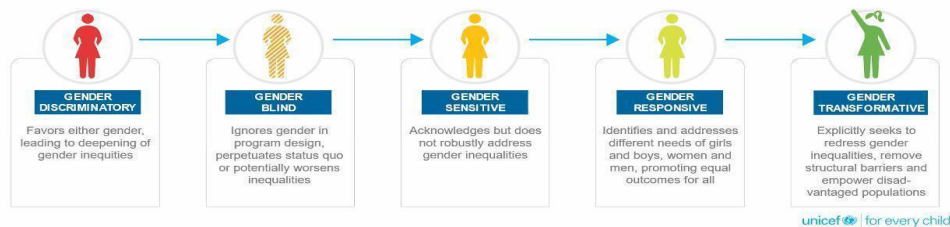
[142] The evaluation team reviewed the following documents for the India RTE: Inception report, draft report on the RCCE pillar, and draft report for the WASH & IPC pillar.
[143] Draft Concept Note, RTA COVID-19, June 2020. https://www.unicef.org/evaluation/reports#/detail/18214/rta-of-the-unicef-response-to-covid-19-global-synthesis-report
[144] Real-Time Assessment of the UNICEF Response to COVID-19: Global Synthesis Report, June 2021. https://evaluationreports.unicef.org/GetDocument?fileID=18263